--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD INLY, WITH UNFADING INK--THIS IS A PERMANEN MARGIN RESERVED FOR BINDING WRITE F

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
Mannett	CERTIFICATE OF DEATH
County	CERTIFICATE OF DEATH
CULT TO THAT	Registration Dist. No.
Village or City / A / E (No. An / //	St.: Ward) (If death occurred in a hospital or institu-
Margaret House	tion, give its NAME in- stead of street and
2FULL NAME NAME AND AND THE TOWNER	1 (Voull) number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
WIDOWED. COWED	1 Marian 1 1920
(Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	192 . to
(Month) (Day) (Year)	that I last saw h alive on 192,
7 AGE	and that death occurred on the date stated above, at 2 m.
/ 6 I dayhrs.	The/CAUSE OF DEATH * was as follows:
6 yrs. mos. ds. or min.?	Had no doctor, did puddently
B OCCUPATION (a) Trade, profession or	from HIS tory Jacobably
particular kind of work / Thure Ways	Mastrid "
business, or establishment in	(Dugasan) yrs. mos de.
which employed or (employer)	Contributory Had gathering in head
(State or country)	Secondary (Duration) Jy18 (Duration)
10 NAME OF	con Helin Howan Ret Too Reyesters
FATHER / / Meor	Till 16 100 (ALL MAIL & MA
OF FATHER OF	*State the Disease Causing Death, or. In deaths from
(State or county) Detersburgh W. ba	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Hother Issultroute	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
(State or country) rant (00. 11) A	of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
as the leavestants	Former or usual residence
(Informant)	PACE OF BURIAL OR REMOVAL
(Address) Af hoke fork MU	Ahrewo Semetery Ma tab 17, 1920
15 state 16 1928 Kulia Rowan	20 UNDERTAKER ADDRESS
Joeal Registrar	Mory Dolden UA/FAND MA
If more blanks are needed, address State Registrar	, 16 W. Sasatoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. or given up on account of the DISEASE CAUSING DEATH, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of eupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, fulness of various pursuits can be known. The ques-Statement of Oceupation-Precise statement of oc-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Farm laborer, (b) Automobile factory. The material Laborer-Coal mine, etc. Wom-Locomotive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

atie), approved by tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably swicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or misearriage as "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease eausing death), 29 ds.; L. (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Nomenclature of the Chronic Example: Measles (disease chopneumonia (secondary), etc. affection need valvular Always qualify all The contributory heart not be disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH	STATE OF MARYLAND
County Garrell	CERTIFICATE OF DEATH
W 061	Registration Dist. No. 167
Village or City flast alland (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
² FULL NAME OLCC / TENN	Mun Anno number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH Sec 30 192 &
6 DATE OF BIRTH	1925 192 , to Dec 30 , 1928.
(Month) (Day) (Year)	that I last saw h / 12 alive on Dea 25, 1928.
7 AGE (Month) (Day) (Year)	and that death occurred on the date stated above, at
67 // 9 I dayhrs.	The CAUSE OF DEATH & was as follows:
8 OCCUPATIONds.lormin. ?	the tite
(a) Trade, profession or farmer	Marian
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration)
9 BIRTHPLACE (State or country)	Contributory Thereney Secondary
10 NAME OF SATUER	(Signed) (Signed) M.D.
Navid Amold	12/30 1928 (Address) Eglow W.Va.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER W 12 MAIDEN NAME OF MOTHER W 12 MAIDEN NAME OF MOTHER W 1 7 11 BIRTHPLACE OF FATHER OF MOTHER W 1 7 11 BIRTHPLACE OF FATHER OF MOTHER W 1 7 11 BIRTHPLACE OF FATHER OF MOTHER W 1 7 11 BIRTHPLACE OF FATHER OF MOTHER W 1 7 11 BIRTHPLACE OF FATHER OF MOTHER OF MOTHER W 1 7 11 BIRTHPLACE OF FATHER OF MOTHER OF MOT	*State the Disease Causing Teath, or, in deaths from Violent Causes, state (1) Hears of Injury: and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Miss Martin	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country)	ients, or Recent Residents) At place In the Of death yrs mes da. State, yrs mes da.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Ray Bowman	Former or usual residence
(Address) Makland RR &1	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Day 1 256 1 0 80 0	red House Cimel
Filed 9 1927 7 1920 C. Shaff	- DW. Schrock & ylon M)
" more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S No. 1.

3890

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the signate causing pharm whatever, write None. business, that fact may be indicated thus: Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Screent, Cook to report specifically the occupations of persons ployed, as At *chool or At kome. Care should be taken work, or At Home, and children, it sainfully emdefinite salary), may be entered as Housewift, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Caal mine, etc. Womer," etc., worked on may form part of the second statement.

Never return "Laborer," "Toroman," "Manager," "Dealadditional line is provided for the latter statement; it (a) Foremen. (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Satesman, (b) should be used only when needed. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotice engineer, the first line will be sufficient, e. g., Farmer or Planter cases, especially in industrial employments, it is necess tion applies to each and every person, irrespective of eupation is very important, so that the relative health fulness of various pursuits can be known. The ques Statement of Occapation Precise statement of oc For many occupations a single word or term or without more precise specification as Day As examples: (a) Crocery;

Statement of (ause of Death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using alway, the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic corebrospinal meningitis"); Diphili ria (avoid seef (roup"); Typhoid fower (never report "Typhoid pneumonia,"): Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

ment of cause of death approved by 'ommittee head of "contributory" American Medical Association.) quences (e.g., sepsis teterius) may be stated under the ture of the injury, as fragure of skall, and consediseases resulting from child with or misearringe as can be ascertained at the saure rhage," "Inanition." "Mar. sn u-" "Old Age," "Shock," ary), 10 ds. Never report mere ympt. 5% or conditions, such a "Asthenia" "Anaemia" Poisoned by carbetic acta probably suride. train-accident; Revolves wound of head-homicide; Examples: Accidental dronning; Struck as probably such, if impossible to d termine definitely and quality as Accident L. Suicidal, or Homicidal, or State cause for which region operation was under "PUERPERAL seplicuemic." "PURIFERAL portonitis," "Uraemia," "Weeks -"Dropsy," "Exhaustian," "Heart failur." symptomatic), "Atrophy," "('off: pse, causing death). 29 ds.; Broucho, ne un onic stated unless important. use of "Tumor" for malignant neoplasms): nges, peritonaeum, etc., Carcinoma, Sarcona, etc., of(name origin; "Cancer" is less definite; avoid vulsions." (secondary or in decurrent Chronic interstitial nephritis, etc. The corributory unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; FOR VIOLENT BEARDS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.) (R commondations on state . .. when a definite discase Always qualify all Apprilian to t Taemor-The naterminal Mousles; (second-(disease 13811186 etc.

tions analyzed in detail it will be not further enterpondence will the data is esential and must be obtained before the certificitie is permanently filed.

Is this certifien tions and certifien and certifient in the certificitie is

PLACE OF DEATH County Carrie	STATE OF MARY CERTIFICATE OF
Village or City One of and Mod To	Registration Dist. No.
2FULL NAME Wilson	~ asky stead numb
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEA
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Quy 20 (Month) (Day)
(Month) (Day) (Year	17 CI HEREBY CERTIFY, That I attended to
7 AGE 8 1 yrs. 3 mos. ds. or mi	ors. The CAUSE OF DEATH * was as follows:
(a) Trade, profession of particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Duration) yrs
10 NAME OF FATHER Shaws W Go Key 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) W. G.	(Signed)
(Informant) (Address)	in not at place of dea.h?

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and

number.)

MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH	20, 1928
(Month)	(Year)
17 I HEREBY CERTIFY, That I at	tended the deceased from
are 7 13 1928. to a	7 20 , 192.0
that I last saw h alive on	
and that death occurred on the date state. The CAUSE OF DEATH * was as follows:	d above, at
Comme En	4 halisan
	yrsmos
Contributory Secondary	••••••••
(Signed) . S a s cu al (Signed) . 192% (Address)	
*State the Disease Causing Death Vlolent Causes, state (1) Means of I Accidental, Suicidal or Homicidal.	
18 LENGTH OF RESIDENCE (For Hosp	itals, Institutions, Tran
ients or Recent Residents) At place In the	e
of deathyrsds. Sta	e ded
Where was disease contracted, it not at place of dea.h?	
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
askly Commeny	any 22, 192
20 UNDERTAKER	ADDRESS
W. Co Spigger	Que Woa

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Furm laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation person, irrespective of . (6) Grocery,

Strtement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," ctc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma," "Convulsions, 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumomia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway trainapproved by FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Chronic valvular heart disease; Nomenclature not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

X	SEN RECORD	be stated EXACTLY, PHYSI- te properly classified. Exact a of certificate.	
MARGIN RESERVED FOR BINDING	P NLY, WITH UNFADING INKTHIS IS A PERMANEN RECORD	of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI- uld state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact f OCCUPATION is very important. See instructions on back of certificate.	
MARGI	P NLY, WITH UNFA	of information should be id etate CAUSE OF DEA!	

County	JLL NAME Les	0300 ~ mod	Barre	Wa J	STATE OF MARY CERTIFICATE OF Registration Dist. No St.: Ward) (If da hos tion, stead numb
PERSO	NAL AND STATIST	ICAL PARTICU	LARS	MEDIC	CAL CERTIFICATE OF DEA
3 SEX	4 COLOR OR RACE	S SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	.,	16 DATE OF DEATH	
6 DATE OF BI	Me— (Month	(Day)	., 1928 (Year)	that I last saw h	Y CERTIFY, That I attended to
8 OCCUPATIO (a) Trade, p	N profession or	mosds.	If LESS than I day hrs. or min.?	and that death occu	rred on the date stated above, a TH * was as follows:
(b) General business, or which emplo 9 BIRTHPLAC (State or c	nature of industry establishment in yed or (employer)	Bum	P	Contributory Secondary (Signed) (Max 8 192	(Durstion) yrs.
12 MAIDE OF MOT 13 BIRTHE OF MOT (State	PLACE HER OF COUNTRY) IS TRUE TO THE BEST	of MY KNOWLE	EDGE	Violent Causes, s Accidental, Suicidal	In the Stateyra
(Informan (Add	dress) 9 192	elia Ro	md Wan Registrar	19 PLACE OF BURIA 20 UN DERTAKER 10 W. Sarators St.	Balto., Requesting V. S. No. 1.

STATE	OF	MAR	YLAND
CERTIFIC	CATE	E OF	DEATH

St.:Ward)	a hospital or institu- tion, give its NAME it- stead of street and number.)
MEDICAL CERTIFICATE O	F DEATH
16 DATE OF DEATH	8 , 1928
(Month)	(Day) (Year)
17 HEREBY CERTIFY, That I atte	
that I last saw haralive on	
and that death occurred on the date stated a The CAUSE OF DEATH * was as follows:	above, at 430 m.
P - P	
Vicinian - Jean	y mounted
(Duration)	yrs, mos de,
ContributorySecondary	
(Signed) 1. Balwa	ds.
man 8 1928 (Address) Our	eared- mil
*State the Disease Causing Death, Violent Causes, state (1) Means of Inju Accidental, Suicidal or Homicidal.	or, in deaths from try and (2) Whether
B LENGTH OF RESIDENCE (For Hospitalients or Recent Residents)	ls, Institutions, Trnns-
At place In the State. State.	yrsmosds.
Where was disease contracted, f not at place of death?	
Former or usual residence	
9 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
20 UN DERTAKER	ADDRESS
John E. Doron 1-	Comern med

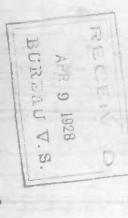
(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quesor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, yrs). Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material and children, not gainfully em-(b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably swicide. The nature of the injury, or as probably such, if impossible to determine definitely State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by (Recommendations on statement of cause of accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. causing death), 29 ds.; L. (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS State MEANS OF INJURY cough; Committee on Chronic Example: Measles (disease chopneumonia (secondary), affection need etc. The contributory valvular Nomenclature of the Always qualify all heart disease not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County are t	6529 CERTIFICATE OF DEATH
(DAITLAN, O.	Registration Dist. No.
Village or City State Of City	St.: Ward) (If death occurred is a hospital or institu
2FULL NAME Packelly	relia Sales stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH June 19, 1928
6 DATE OF BIRTH	(Month) (Day) (Year)
1 only 13,893	June 18 1928 to June 18 , 1928.
(Month) (Day) (Year)	that I last snw her alive on June 1 7 192 8
7 AGE If LESS than	
3 4 yra. 1 moa. 6 ds. or min.	The CAUSE OF DEATH * was as follows:
BOCCUPATION	Chronic nellester with julinua
(a) Trade, profession or particular kind of work	& Had extended
(b) General nature of industry business, or establishment in	(Duration) vrs. 4 mos. de
which employed or (employer)	Contributory Serebral Applety
9 BIRTHPLACE (State or country)	Secondary (Duration) 178 1708 7 de
10 NAME OF FATHER	(Signed) WE Salleys M. D.
II BIRTHPLACE	July 2012 (Address) Cahland, Will
OF FATHER (State or country) ON 1	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother of hours	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE	ients or Recent Residents) At place
OF MOTHER (State or Country)	of deathyrsmosds. State:yrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	it not at place of dea.h?
(Information of Colors	usual residence
(Adres Cellin md	9 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed une 261928 Julia Rowan	20 UNDERTAKER HADDRESS
If more banks are needed, addre.s tate Registra	r, 16 W. Sara(oga St., Balto., Requesting V. S. I.o. 1.
	1/10

(Approved by U. S. Census and American Public Health Association.)

er," etc., worked on may form part of the second statement. 'Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Collon mill; (a) Solcsmon, (b) Grocery; (a) Foremon, (b) Automobile factory. The material tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Loborer-Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Scroonl, Cools, Housenaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Physician, Compositor, Architect, report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on be used only when needed. As examples: (a) yrs). For persons who have no occupation without more precise specification as Doy Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ezhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The niture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaennia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY "" "Weakness," etc., when a definite disease cough; Chronic Example: Measles (disease efc. The contributory affection need valvular heart Nomenclature of the not be disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

BURBAU Y.S.

V. S. No.

2

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
K.Tan: 11. 03003	Registration Dist. No.
2 FULL NAME Trancis Marion	St.; Ward) Ranual St.; Ward) a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale Market Single, Premature Widowed OR DIVORCED Raley Write the word) Raley	16 DATE OF DEATH (Month) (Day) (Year)
* DATE OF BIRTH March 73 1938	that I last saw her alive on Mark 78 1918
7 AGE Prematice Robers 1 day, p. hrs. VIS. mos. ds. OR min.?	and that death occurred on the date stated above, at . 74 m. The CAUSE OF DEATH * was as follows:
OCCUPATION (a) Trade, profession, er particular kind of work	Prematius Baly
(b) General nature of industry business, or establishment in which employed (or employer)	(Buration) yra. mos. do.
(State or country) Ganett lo	Secondary
on 11 BIRTHPLACE	(Signed) They Malley War 1998 (Address) Plaine M/U
Z OF FATHER (State or country) Javel 60 Mill	*State the Disease Causing Drays, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental. Suicidal or Homicidal.
of Mother Tha Rudget Roycl 13 BIRTHPLACE OF MOTHER (State or country Muneral Les Mose	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of deeth
(Informant) Ray Thomas Barnard	Where was discase contracted. If not all place of death? Former or waster residence
(Address) Selzmiller Weil	Beoferman, benne Kelzmull, March 23, 101.
FRES 3/30. 191 & A Y Basselle REGISTRAN	20 UNDERTAKER Laufles Blain Wy
If more blanks are morded, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Realth
Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, write None Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Screent, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseof the second statement. Never return "Laborer," "Foreman," "Manager." "Dealer etc without more precise specification as Day laborer. Form laborer, Laborer employed, as Al school or Al hann Care should be -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers mobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, business or industry, and therefore an additional line For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-(a), Salesman, (b) Grocery: (a) Foreman, For persons who have no occupation whatever Women at bonie, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal spinal meningitis"); Diphtheria (avoid use of "Croup"); Diphtheria (avoid use of preumonia"); Lobor preumonia ("Pneumonia"); Lobor preumonia kinechajmeumonia ("Pneumonia"); India preumonia kinechajmeumonia of lungs, meningualified, is indefinite); Tubercubsis of lungs, meningualified.

on Nomenclature of the American Medical Association.) and consequences (c. g., sepsis, telanus) may be stated suiride. The nature of the injury, as fracture of skull, on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations head-homicide; Poixoned by carbolic acid-probably suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: Struck by railway train-accident; Revolver wound state MEANS OF INJURY and qualify as ACCIDENTAL. surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. State cause for which birth or miscarriage etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," lapse," "Coma," "Convulsious," "Debility" symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Never report mere rent) affection need not be stated unless important. nephrilis, etc. The contributory (secondary or intercur-Example: Measles (disease causing death), 29 ds.; Broneough; Chronic valvular heart disease; Chronic interstition "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Always qualify all diseases resulting from child-818 "PUERPERAL septichaemia." "Dropsy," "Exhaustion, ("Con-

if the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondonce. All the data is essential and must be obtained before the certificate is permanently fied.

CEIVED

	PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH /
	County H 77 11 E V V 03004	166
	M 2 M aud	Registration Dist. No.
	Village or City H N CNo. 1 A R Y	Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	30SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
_	MARRIED! APP! WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	# NUARY 15, 1895	192) to May 2 192 Y
	(Month) (Pay) (Year)	that I last saw h Chalive on 192 ft
	7 AGE If LESS than I day hrs.	and that death occurred on the date stated above, at
	35 yrs. 2 mos. 16 ds. or min.?	The CAUSE OF DEATH - Was as follows:
	8 OCCUPATION (a) Trade, profession or / Joure Wife particular kind of work	formary thronboard
	(b) General nature of industry	
	business, or establishment in which employed or (employer)	(Duratiop)
	9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs mos defined defined as a secondary
	10 NAME OF	(Signed) Enthance M. D
	FATHER Shapper	Mas 26 192 8 (Address) Calland Mild
	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in tlesths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of Mountain Control Control	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos ds, ln the State yrs mos ds,
	14 THE ABOVE IS TRUE TO THE BEST OF MY_KNOWLEDGE	Where was disease contracted, if not at place of death?
	6 0+ N.2 K.	Former or usual residence.
	(Informant) all Mith	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) H FRO	Clasant Valley Mch 27, 19
	15 Filed Ch 26 192 Valia Royan	MORY DOLDEN ADDRESS
1		r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., should be used only when needed. As examples: (0) nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cool, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the loborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-0 Spinner, (b) Cotton mill; (a) Solesman, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on 2 yrs). Form, laborer, Laborer-At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation 6) Automobile foctory. The material -Coal minc, etc. Wom-(6) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. stated unless important Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonoeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by roilwoy troin-State cause for which surgical operation was under-(secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY by cough; Committee on Nomenclature of the Chronic chopneumonia (secondary), affection need etc. The contributory valvulor heart Always qualify all disease; not be

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1 Division of Privil	
PLACE OF DEATH	STATE OF MARYLAND
County / Will	CERTIFICATE OF DEATH
Af P.	Registration Dist. No. 169
Village or City Steiding (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME Irstend of street and
² FULL NAME FOURSA / Cle	Memau - number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jernale White Single, MARRIED, WIDOWS OR DIVORCED Widows	16 DATE OF DEATH 10-28-, 1928 (Month) (Day) (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the decomed from
telomary- 26 1842.	10-23 1928 to 10-28- ,1928.
(Month) (Day) (Year)	that I last saw h & alive on 10-23 -, 1928,
7 AGE . If LESS than	Ag .
85 8 mg 2 dal day hrs.	The CAUSE OF DEATH * was yas follows:
8 OCCUPATION ds. or min.?	on me unimented
(a) Trade, profession or particular kind of work	
(b) General nature of industry	,
business, or establishment in which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country) accident Md.	Contributory Secondary (Duration) yrs. mos. ds.
10 NAME OF Daniel Thomas Obrien	(Signed Edward & Sollars M. D.
II BIRTHPLACE OF FATHER OF FATHER	10-2-8 192 B (Address) 4 CV VAVI
(State or country) Fleauch	*State the l'iscase Causing Death, er, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Susau Winters	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER & San A 771	ients or Recent Residents) At place of deathyrsmosds.
(State or country) (Cucul 1119	Where was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of den.h?
(Informat) INS. Lusau Oleiding	usual residence
(Address) Avanton Md	Horth Hade Md. Och 30, 1928
Filed Oct 30 1928 allie M. ashly Registrati	Othat. L'arbless BlaineWba
If more banks are needed, address State Registra	r, 16 W. Saratoga St lesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs... For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman, (b) (a) Foremon, (b) Automobile foctory. The sary to know (a) the kind of work and also (b) the nature of the husiness or industry, and therefore an should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, en at home, who are engaged in the duties of the er," etc., without more precise specification as Day additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremon, etc. But in many the first line will be sufficient, e. g., Farmer or Plonter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocployed as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor. Architect, report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womfoctory. The material Locomotive engineer, Grocery,

Strtement of Cause of Death—Name, first, the DIS. EA.: (AUXING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory."

(Recommendations on statement of cause of American Manie. stated unless important. Example: Measles (disease or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY "PUERPERAL septicaemia," "PUERPERAL peritonitis," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Examples: Accidental drowning; Struck by railwoy train-State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Whooping cough; (name origin; "Cancer" is loss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menperitonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, Chronic valvular heart disease; etc. The contributory Measles;

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MARGIN RESERVED FOR BINDING

9. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Garrell 05424	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City New Molson MV (No	St.: Ward) (If death occurred in a hospital or institu-
O. M. B.	tion, give its NAME in- stend of street and
2FULL NAME JOMN 11. Niggh	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH MULL 14.
Male M. anuer OR DIVORCED Married	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the decesed from
July 4 1850	1928. to 1928, 1928,
(Month) (Day) (Year)	that I lest the hate alive on 1000 1130 1928
7 AGE	and that death occured on the date stated above, at
77 yrs. 10 mos. 12 ds or min.	The CAUSE OF DEATH * was es followe:
B OCCUPATION (a) Trade, profession or Office and Cal	Intluenzar -
particular kind of work	Lold Commonia
(b) General nature of industry business, or establishment in	Owled Duration) YES 3 Trees de
Which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary (Purdion) yrs mos ds
10 NAME OF O 1 & C. Pa	(Signed) 13 Johnston M. D.
FATHER Upton # Juggs	My 18 18 (Address) Bayard Ho
OF FATHER (State or country)	
Z (State or country) (1) (State or country)	*State the Discase Causing Death or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Nancie / Filson	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER PM	At place in the of death, yre, mos. ds. State, yrs, mos. ds.
(State or country) / M (OL) CC -	Where was disease contracted
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or
(Informant) Higher Diggs	usual residence
(Address) Tomania HOO RFDM	Olse nothy Cemetery May 20, 1028
15 m 10 001 m 2	29 UNDERTAKER ADDRESS.
Filed May 18, 1928 Ting inia M. Harvey	Jall Schrock, Eglon, W.V
If more banks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a should be used only when needed. As examples: (a) business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stotionary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Plonter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write Nonc. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of ocnner, (b) Cotton null; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material etc, without more precise specification as Day For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation

spinal meningitis"); Diphtheria (avoid use of "Croup" ed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS to time and causation), using always the same accept-(the only definite synonym is "Epidemic cerebro-

> "(Exhaustion," "Heart lanue," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease as fracture of skull, and consequences (e. g., sepsits, tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-Chronic interstitial nephritis, Whooping cough; American Medical Association.) (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as or intercurrent) Committee on Nomenclature of the Chronic valvular heart disease; etc. affection need not be The contributory

rtific.
- in defail,
- is essential a
permanently filed. data is essential and must be obtained before the certificate in answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all questions

Village or City Shallmar (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME Rebeen Ella 83	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Timale White Single, Married, Mount on DIVORCED. (Write the word)	16 DATE OF DEATH March 14, 1928 (Month) (Day) (Year)
Month) (Day) (Year)	that I last saw hell alive on March 1, 1920.
7 AGE 6 0 yrs. 4 mos. P ds. If LESS than day	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 1 Jhn Halle	Contributory Just Delen the Patient Onel Secondary (Signed) (Signed)
11 BIRTHPLACE OF FATHER (State or country) Lond Aurono 12 MAIDEN NAME OF MOTHER SOUL AURON 13 BIRTHPLACE OF MOTHER 14 A A A A A A A A A A A A A A A A A A A	*State the Disease Causing Death, et, in deaths from Violent Causes, stats (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds.
(State or country) White Manual Manua	Where was disesse contracted, if not at place of des.h? Former or usual residenco
(Address) Following From 15 Filed 192 Chamb	Donname Hauch 1 19 28 and Address Span

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., Without more process of the laborer, Farm laborer, Laborer—Coal minc, etc. Womlaborer, Farm laborer, Laborer—to the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, Housemaid, etc. If the occupation has been changed For many occupations a yrs). For persons who have no occupation single word or term on

Strtement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospidal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"

contributory."

Let on Nomenclature of the missing description is described over thoroughly and all questions of data is described in the data is described and must be obtained before the certificate is brooked. "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important. carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJUNY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Medales; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. Chronic interstitial nephritis, "Atrophy," "Collapse," "Come," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; Example: Measles (disease etc. The contributory affection need not be

J. S. No. 1

31

PLACE OF DEATH	STATE OF MARYLAND
County Barrell	CERTIFICATE OF DEATH
04218	Registration Dist. No. 169
Village or City Secretary No.	St.: Ward) (If death occurred in
2FULL NAME Beil Everet	tion, give its NAME in-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX A COLOR OR RACE 5 NINGLE,	16 DATE OF DEATH
much white wild with the word	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That 1 ettended the deceased from
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I ettended the deceased from
12-18-,1924	
(Month) (Day) (Year	that I last saw hacamalive on
7 AGE If LESS than	and thet death occured on the dete stated above, at
3 yrs. 3 mos. 36 ds. ormin.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or	
particular kind of work	
(b) General nature of industry business, or establishment in	(Duretion) yrs yrs de
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
Swannes M.	(Duratioe)yrsmosde.
FATHER REPORTED TO THE PROPERTY OF THE PROPERT	(Signed) M.D.
IN BIRTHPLACE	1928 (Address) Wer Mark Mr.
C (State or country) Stranson Red	*State the Discase Causing Death, or, in deatha from Violent Caus. s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of Mother Benthe Wrong Ro	18 LENGTH OF RESIDENCE (For Hospitels, Institutions, Trans-
13 BIRTHPLACE GO	in the
OF MOTHER (State or country) Cour Examinary My	of death yrs mos ds. State yrs de.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was discose contracted, if not at place of death?
1 201	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Swandown France	Brameman Cemetary apr 15 1925
Filed apr 14 1928 Illie M' (e) fry	Emoy Bulden Carland Md
If more blanks are needed, addross State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

taborer, Farm laborer, Laborer—Coal mine, etc. Womfulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning cfillness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered, as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman. (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physicium, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health household only (not paid Housekeepers who receive a Never return 'Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an the first line will be sufficient, o.g., Farmer or Planter, Statement of Occupation-Precise statement of ocworked on may form part of the second statement. report specifically the occupations of persons For many occupations a single word or term on The material Grocery;

as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." atic), carbolic acid—probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uruemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary). stated unless important. inges, perilonaeum, etc., Careinoma, Sarcomu,, etc., of (name origin; "Cancer" is less definite; avoid approved (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train taken. (secondary or intercurrent) affection need not Chronic interstitud nephritis, use of "Tumor" for malignant neoplasms); Measles, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY by Committee on Nomenclature of the cough; Chronie Example: Measles (disease The nature of the injury, etc. The contributory valvular heart disease; Always qualify all " Shock,

N. B.--Every from of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH In plain terms so that it may be properly classified. Exact INLY, WITH UNFADING INK--THIS IS A PERMANEN RECORD. MARGIN RESERVED FOR BINDING WRITE P

6	Tann	03006	THE	STATE OF	F MARYLAND
County	10	7/10		02111111011	on Dist. No. 6
Village or C	FULL NAME 6	Wind Harry	land	St.:Wa	ord) (If death occurred a hospital or instation, give its NAME stead of street number.)
PERS	ONAL AND STATISTI	CAL PARTICULARS	ME	DICAL CERTIFICATI	E OF DEATH
3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEA	man	(Day) (Year
6 DATE OF E	BIRTH				attended the deceased fi
	Carry	7 , 192	4	192 to	, 192
	(Month)				192.
7 AGE	3 yrs. 6	mos. 27 ds. or mi	rs. The CAUSE OF E	DEATH * was as follows:	
(a) Trade	profession or	2-			
particular leads of the partic	profession or kind of work. I nature of industry restablishment in loyed or (employer)	7~	Contributory Secondary	(Duration)	
particular leads to business, or which employed (State or 10 NAME FATHE	I nature of industry r establishment in loyed or (employer) country) Top	name Birray	Secondary (Signed)	Duration) (Ouration) (Ouration)	yis mos M
particular leads to business, on which employed (State or In	I nature of industry r establishment in loyed or (employer) CE country) TOF ER PLACE THER or country)	Bierry ware	Secondary (Signed)	Duration) (Ouration) (Ouration)	yis. mos M
particular leads to business, on which employed (State or In BIRTHPLACE (STATE	I nature of industry r establishment in loyed or (employer) country) FOF ER PLACE THER or country) EN NAME OTHER THER	Barran	(Signed) ** *State the Vlolent Causes Accidental, Suice	1928. (Address Causing Dea state (1) Means of idal or Homicidal.	endrud
particular leads to business, on which employed which employed with the second state or the second state o	I nature of industry r establishment in loyed or (employer) CE country) FOR ER PLACE THER OF COUNTRY) EN NAME OTHER PLACE	Barran Garran	*State the Vloient Causes Accidental, Suic 18 LENGTH OF ients or Recen At place of death	Disease Causing Dea, state (1) Means of idal or Homicidal. RESIDENCE (For Hot Residents)	th, or, in deaths from Injury and (2) Whether
particular leads to business, on which employed which employed with the particular leads to business, on which employed with the particular leads to business, on which employed with the particular leads to business the particular leads to business, or which employed the particular leads to business, or which the particular leads to business, or	I nature of industry r establishment in loyed or (employer) CE Country) TOF ER PLACE THER OF COUNTRY) EN NAME OTHER THER OTHER THER THER THER THER THER THER THER	Barran OF MY KNOWLEDGE	*State the Violent Causes Accidental, Suice 18 LENGTH OF ients or Recen At place of deathyrs Where was disease if not at place of	Disease Causing Dea, state (1) Means of idal or Homicidal. RESIDENCE (For Hot Residents)	th, or, in deaths from Injury and (2) Whether spitals, Institutions, Tra
particular leads to business, on which employed which employed with the state or th	I nature of industry r establishment in loyed or (employer) CE country) FOR PLACE THER OF COUNTRY) EN NAME OTHER THER OF COUNTRY) EN THER OF COUNTRY) THER THER THER THER THER THER THER THER	Barra OF MY KNOWLEDGE	*State the Violent Causes Accidental, Suice 18 LENGTH OF ients or Recen At place of death	Disease Causing Dea of idal or Homicidal. RESIDENCE (For Homicidal. Residents) In grant death?	th, or, in deaths from Injury and (2) Whether spitals, Institutions, Tra
particular leads to business, on which employed which employed with the particular leads to business, on which employed with the particular leads to business, on which employed with the particular leads to business the particular leads to business, or which employed the particular leads to business, or which the particular leads to business, or	I nature of industry r establishment in loyed or (employer) CE country) FOR PLACE THER OF COUNTRY) EN NAME OTHER THER OF COUNTRY) EN THER OF COUNTRY) THER THER THER THER THER THER THER THER	Barra OF MY KNOWLEDGE 3: English	Secondary (Signed)	Disease Causing Dea of idal or Homicidal. RESIDENCE (For Homicidal. Residents) In grant death?	th, or, in deaths from Injury and (2) Whether spitals, Institutions, Tra

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as For persons who have no occupation single word or term on Locomotive engineer, 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by as fracture of skull, and consequences (e.g., scpsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train causing death), 29 ds.; L. (secondary or intercurrent) Chronic interstitial nephritis, Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as Committee on Chronic Example: Measles (disease chopncumonia (secondary), etc. affection need valvular heart Nomenclature The contributory disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH County of authority	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 162
Village or City of sautsville (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, Vidawed Widowed Vidawed OR DIVORCED (Write the word)	16 DATE OF DEATH Sept 27, 192.8 (Month) (Day) (Year)
6 DATE OF BIRTH	that I last saw h & alive on Auf 2 7 , 1925.
7 AGE (Month) (Day) (Year) 7 AGE If LESS than day hrs. day hrs. or min.?	
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Durstion) 3 yrs. mos. ds.
9 BIRTHPLACE (State or country)	Secondary (Duration) yrs
FATHER Carlisle Hower	(Signed) M. D. M. D. (Address) Wasutaville
OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME	*State the I issase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Mosanel d/Wish	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) At place In the
OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs des State yrs des. Where was disease contracted, if not at place of death?
Collet &	Former or usual residence
(Informant) Wolf Twanger (Address) Santaville Mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL STATE 29 19 28
is Filed 1928 674 Quel Registrar	29 UN DERTAKER Huterberg Grandords
If more blanks are needed, addre_s tate Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

E(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planler, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. state occupation at beginning of illness. If retired from definite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., nature of the business or industry, and therefore an Civil engineer, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as Al school, or Al home. Care should be taken laborer, Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, housemaid, etc. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. or At Home, and children, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. If the occupation has been changed Locomolive engineer, not gainfully em-But in many

Statement of Cause of Death—Name, first, the DISEACH CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrosis; inal meningitis"); Diphlheria (avoid use of "Croup!"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all "E:haustion," "Heart range," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Enhaustion," "Heart failure," "Haemorrhage," stated unless important. use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of causing death), 29 ds.; Bronehopneumonia (secondary), Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid American Medical Association.) carbolic acid-probably sweide. The n-ture of the injury, aecident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS STATE MEANS OF INJULY State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature (Recommendations on statement of cause of danus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Aecidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronie Example: Measles (disease valvular heart etc. The contributory affection need not be Measles ; disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	PLACE OF DEATH	06530 STATE OF MARYLAND
	El accord	CERTIFICATE OF DEATH
Cour	8 -	Registration Dist. No. 16.9
Village	or City State who MNo	St.: Ward) If death occurred in a hospital or institu- ion, give its NAME in-
	2 FULL NAME Mrs, Sorres	cars Bettirrages number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	1 COLOR OR RACE 5 SINGLE, MARKIED, WIDOWED OR DIVORCED (Write the word)	(Mouth) (Day) (Year) I HEREBY CERTIFY, That I attended the deceased from
6 DAT	E OF BIRTH	9 (24- 1928 to 6-13-1928.
	7 ,81	that I last saw h In alive on 4 7 0 1925,
	(Month) (Day) (Yea	
7 AGE	If LESS	than The MALISE OF DEATH 15 was as follows:
	86. yrs. 11. mos. ds. or m	hrs.
	PATION O C	Stand France
(a) T	rade, profession or cular kind of work.	Sareoneel Blonger
V(b) C	General nature of industry	
which	ness, or establishment in h employed or (employer)	(Duration)yrsde,
	CHPLACE State or country) State of Country	Contributory Secondary (Duration) yrs. mos. de
10	NAME OF Granders Broaders	(Signed) Edward Esallar M.D.
N -	BIRTHPLACE OF FATHER (State or country) Forces to 25	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Fomicidal.
PAR	OF MOTHER	18 LENGTH OF RESIDENCE (For Respitals, Institutions, Trans-
	BIRTHPLACE OF MOTHER (State or country)	ients, or Recent Residents) At place of death yrsmosda. State,yrsmosda
14 TIII	ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
/1	Trontinger Butt	Former or usual residence
(11	formant)	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
	(Address) Swantan Pa	m 1 m to Compleme 15- 199 d
15 File	d 14 June 1928 allie M Psh	20 ENDERTAKER ADDRESS
	man blanks on made admin State Part	istrar. 16 W. Saratoga St., Balto, Requesting V. 8 No. 1 M.
	. white outline and needed, address plate Regis	istrar. 16 W. Saratoga St., Balto., Requesting V. S No. 1

(Approved by U. S. Census and American Public Health Association.)

work, or Al Home, and children, not gainfully emer," etc., without more precise specification as Day Never return "Laborer." "Foreman," "Manager." "Deal-Spinner: (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various paranits can be known. The ques cupation is very important, so that the relative health business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the bisease causing Death, Housemoid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant. Cook to report specifically the occupations of persons ployed, as 41 *chool or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer. Farm laborer, Laborerworked on may form par: of the second statement (a) Foreman. (b) Automobile factory. The material should be used only when needed. eases, specially in industrial employments, it is neces Civil engineer. Stationary firemen, etc. But Physician. Compositor, Architect. Locomotive engineer whatever, write None. Statement of Occupation Precise statement of oc 6 yrs.). For persons who have no occupation For many occupations a single word or term on -Coal mine, etc. Wom-As examples: (a)

spinal meningitis"); Diphtheria (avoid use of "('roup"); fever (the only definite synonym is "Epidemic cerebro ed term for the came disease. Examples: Cerebrospinal to time and cansation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid pneumenia"): Lobar pneumonia, Starcment of Cause of Death-Name, first, the Dis-Bronchopneumonia ("Pneumonia,"

> Comenciating of the American Medical Association.) miges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (uame origin; "Cancer" is less definite; avoid head of "contributory?" symptomatie), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anacmia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchorneumonia use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, monquences (e.g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and conseas probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF State cause for which surgical operation was under-"PUERPERAL septicaemia." "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all rhage," "Inanition." "Marasmus," "Old Age," "Shoek," "Dropsy," "Exhaustion." "Heart failure." "Haemorstated unless important. Chronic interstitial nephritis, etc. The contributory ment of cause of death approved by Committee on Poisoned by carbolic acidtrain—accident: Revolver wound of head—homicide; Examples: Accidental drowning; Struck by railway "Uraemia," "Weakness," etc., when a definite disease vulsions," (secondary or intercurrent) affection need Whooping cough; Chronic valvulur heart disease; FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), (Recommendations on state-Example: Measles -probably suicide. The na-"Coma," (merely (disease not be (second-"Con-

tions answered in deant, it will prevent further correspondence...All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all ques-

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PLACE OF DEATH County Lassell	09984	(0)	STATE OF M	
	-2 0 .	*1.1	Registration D	110
Village or City (No. 2FULL NAME	etta R	Pullnes-	St.:Ward)	(If death occurred a hospital or institution, give its NAME stead of street a number.)
PERSONAL AND STATISTICAL PA	ARTICULARS	MEDIC	AL CERTIFICATE O	F DEATH
3 SEX 4 COLOR OR RACE 5 SINGL MARRI WIDOV OR DIV (Write	IED. \	16 DATE OF DEATH	Sept 2	2 , 192 S
6 DATE OF BIRTH	1 , 19/1/ Day) Year	Sen 2	CERTIFY, That I atte	
7 AGE // yrs. 5 mos. 2	lf LESS than I day hrs. or min.?	and that death occur The CAUSE OF DEAT	red on the date stated	above, at Af
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	ool .		(Duration)	- 3
which employed or (employer) 9 BIRTHPLACE (State or country)		Contributory	(Duration)	
10 NAME OF FATHER Manuel 9	Billnes	(Signed) 2 2 1928	(Address) Honor	M. M. M.
OF FATHER Z (State or country)	0 1	*State the Di Violent Causes, st Accidental, Suicidal	sease Causing Death, ate (1) Means of Injury or Homicidal.	or, in deaths from and (2) Whether
OF MOTHER 13 BIRTHPLACE	meklew	ients or Recent Re		ils, Institutions, Tra
OF MOTHER (State or country)	L = 0	At place of deathyrsm Where was disesse conti		yrsmos
(Informant) (Informant) (Informant)	KNOWLEDGE	if not at place of dea. Former or usual residence	h?	
(Address) Tollon	ramy	Yreewor	lle Cerri.	Left 23, 192
15 Filed Seft 30, 1928 Thouse	as le row	20 UNDERTAKER	Durat	Hroslburg
If more blanks are needed, a	*/	11/15		

(Approved by U. S. Census and American Public Health Association.)

laborer, state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesmon, (b) Grocery, (a) Foremon, (b) Automobile factory. The material should be used only when needed. As examples: (a) whatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scroont, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of occtc., or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm loborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be stated unless important. Examplo: Measles (disease Whooping cough; Chronic valvular heart disease, Chronic interstitial nephritis, etc. The contributory Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Come," "Convulsions, perilonaeum, etc., Carcinoma, Sorcoma, etc., of etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is resential and must be obtained before the certificate is permanently filed.

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact RECORD INLY, WITH UNFADING INK--THIS IS A PERMANEN MARGIN RESERVED FOR BINDING WRITE P

V. S. No. 1

	PLACE OF DEATH	STATE OF MARYLAND
(County Barrett (15425	CERTIFICATE OF DEATH Registration Dist. No. 161
Vill	age or City friendsville (No.	St.: Ward) (If death occurred a hospital or institution, give its NAME stead of street a
_	2FULL NAME / CULONA, / CL	number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 \$	Finale White Single, Married, William Wildowsb. OR DIVORCE Collegent (Write the word)	16 DATE OF DEATH 9 15 , 1928 (Month) (Day) (Year)
6 D	ATE OF BIRTH May 15 , 1928	17 I HEREBY CERTIFY, That I attended the deceased from 15 1924 to may 15 , 192 that last saw has alive on Stillberg 192
7 A	Stellow Yesters If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
pa (b bu	OCCUPATION) Trade, profession or Olufanticular kind of work) General nature of industry siness, or establishment in	(Duration) Bout mos 3
	IRTHPLACE (State or country) Maryland	Contributory Secondary (Duratjon)yrs
	10 NAME OF FATHER HELLY, Sungeson Blains	(Signed) IV. C. Nedrow M. M. may 15th 1928 (Address) Friendswills mo
ENTS	OF FATHER (State or country) Kentucky 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 18 MAIDEN NAME 19 MAIDEN NAME 19 MAIDEN NAME 10 MAIDEN NAME 11 MAIDEN NAME 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAID	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PAR	OF MOTHER Eurly, Jane Humer	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tra
1	OF MOTHER (State or country)	At place of death yrs. mos. ds. State r. yrs. mos. Where was disease contracted, Henry of Me House if not at place of death?
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence
	(Address) Produdsville md,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Friendsville Embery May 16, 192
15	Filed May 16= 1928 Jasper Guard	20 UNDERTAKER WEGANDIEL HAUNDEVILLE

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) Civil engineer, whatever, write None. business, that fact may be indicated thus; Farmer (rcor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The ques-Housemaid, etc. If the occupation has been changed tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material Compositor, Architect, Locomotive engineer, eer, Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Iraemia," "Weakness," etc., whon a definite disease approved by telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage," stated unless important use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcona, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Annemia" (merely symptomcausing death), 29 ds.; L. (secondary or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Committee on Nomenclature Chronic Example: Measles (disease chopneumonia (secondary), etc. valvular heart disease, affection need not be The contributory Mcasles, of the

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oertificate.

B.--Every Item of Information should be carefully sincipals. CIANS should state CAUSE OF DEATH in plain statement of OCCUPATION is very important. St

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MARGIN

No ož

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PLACE OF DEATH unty of awell



STATE OF MARYLAND CERTIFICATE OF DEATH

151

	Registration Dist. No. ///
Village or City flamings (No.	St: Ward) (If death occurred in a hospital or institution, give its NAME in
2FULL NAME Allen Odis,	Stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED OR DIVORCEO (Write the word)	16 DATE OF DEATH (5, 1928) (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
Nelf1 2 6, 1912	192 x . to flefat 2 , 192 x ,
(Month) (Day) (Year) 7 AGE (If LESS than	that I last saw have alive on A 1925,
l day bre	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows.
5 yrs. / mos. / ds. or min.?	Infantile Paralysis
8 OCCUPATION (a) Trade, profession or	(Polionyeletis)
particular kind of work A A MM ACOMO	
business, or establishment in	(Duration) yre mos A de.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
10 NAME OF 1 / V /	(Duration) yrs mass ds.
FATHER John Blacker	(Signed) M. D.
OF FATHER	
Z (State or country) 12 MAIDEN NAME /	*State the l'is ase Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Reflecca Groves	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
a. John B larher	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) JUNIOUS MA	Mew Hermany flefit 16, 1928
Filed Sep, 16 1928 J. B. Burnes	In Winterbug Grantsville
If more blanks are needed, addre.s Ltate Kegistrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from g. ged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed definite salary, may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery;

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"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
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"Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; or intercurrent) Chronic valvular heart etc. The contributory affection need not be disease;

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S. No.

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PLACE OF DEATH	STATE OF MARYLAND
County 19 anett 03007	CERTIFICATE OF DEATH
	Registration Dist. No. / 2
Village or City Smutsville (No.	St.: Ward) (If death eacurred in
2 FULL NAME Lloyd Garold	Boucher and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attanded the deceased from
Oct 21, 1898	that I last saw h Malive on MA A 18 1928,
(Month) (Day) (Year) 7 AGE III LESS than	and that death occursed on the data stated above, at 12 130 Cm.
29 yrs. 4 mos 2 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or Mechanic particular kind of work Mechanic	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yes wos de.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs mos de
10 NAME OF Juneas C. Boucher	(Signed) M. B. Davis M. B. Man / 9, 192 & (Address) Svantaville
OF FATHER (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Mellissa Boucher	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- iants or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos. ds. State yrs de.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Unformant Mip, Ly rances Boucher	Former or usual residence
(Address) A Grantsville	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
- 31	29 UNDERTAKER ADDRESS
Filed Mar 20 1928 C/A Cell Registral	I'm frutuberg Danteville
	40 W Comment Ca Dalan Commenting V S No. 1

If more b.anks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation laborer, should; be used only when needed. As examples: (a) fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from er," etc., Spinner, (b) Cotton mill; (a) Salesman. (b) additional line is provided for the latter statement; if sary to know the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of eupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestie service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as *Housewife*, *House-work*, or *At Home*, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Aever return 'Laborer," 'Foreman," "Manager," 'Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, Statement of Occupation-Precise statement of oc-· Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. (a) the kind of work and also (b) the The material Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup" ed term for the same disease. Examples: Cercbrospinal EASE CAUSING DEATH (the primary affection with respect sobar pneumonia, Bronchopneumonia Typhoid fever (never report "Typhoid Pneumonia to time and causation), using always the same accept-Statement of Cause of Death-Name, first, the pis-(the only definite synonym is "Epidemie cercbro-("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy." "Collapse," "Coma," "Convulsions, diseases resulting from elilidbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. telanus) may be stated under the head of "eontributory. carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head -homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcona, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. Whooping American Medical Association.) Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; by Committee on Chronic Example: Measles (disease ete. The contributory valvular heart disease; Nomenclature of the Always qualify all Macasles;

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permanently filed.

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V. S. No.

PLACE OF DEATH County Carell Village or City Grantsvelleno. 2FULL NAME Plenius Comp	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hale Rute (Write the word)	16 DATE OF DEATH Oet 9
Oct 4, 1755 (Month) (Day) (Year) 7 AGE	that I last saw h Man alive on the date stated above, at 7,000 m.
B OCCUPATION (a) Trade, profession or Hamiltonia (a) Trade, profession or Hamiltonia (b) Amiltonia (c)	The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed or (employer)	Centributory (Station) yrs soc ds. Centributory (Station) yrs soc ds. Contributory (Duration) yrs soc ds.
10 NAME OF FATHER Saah Boucher 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) M. D.
of MOTHER WOULD COMPLETE 13 BIRTHPLACE OF MOTHER (State or country) OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transsients or Recent Residents) At place In the of death yrs
(Informant) (Address) (Address) (Address)	if not at place of deeth? Former or usual residence
Filed May 21 1928 674 Quil Registras	207UNDERTAKER Multarberg Amulaville 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
it more planks are needed, address state Registrar	y and the contract of the cont

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more present coal mine, etc Wom-loborer, Farm laborer, Laborer—Coal mine, etc Womshould be used only when needed. As examples : (a) tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Nervant, Cook en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer,'" 'Foreman," 'Nanager," 'Peal-Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g.. Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Foremon, For many occupations a single word or term on (b) Automobile Solesman. (b) factory. The material Locomotive engineer (irnery)

Stritement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "yphoid fever (never report "Typhoid Pneumonia"); "bar pneumonia, Bronchopneumonia ("Pneumonia");

> "(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), inges, perilonaeum, etc., Coreinona, Soreomu, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of had-homicide; Poisonal by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as ean he ascertained as the cause. Always qualify all (secondary or intercurrent) affection need Whooping eough; Chronic valendar heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway train-American Medical Association.) (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the cartificate is permanently filed.

My .

(Approved by U.S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scrvant, Cook definite salary), may be entered as Housewife, Houseen at home; who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firman, etc. But in many the first line will be sufficient, c. g. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Statement of Occupation-Precise statement of ocreport specifically the occupations of persons For many occupations 2 single word or term on For persons who have no occupation The material Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar preumonia, Bronchopneumonia ("Pneumonia,"

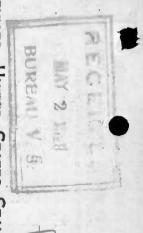
> (secondary or intercurrent) affection need not be can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. inges, perilonacum, etc., Carcinoma, Sarcoma, approved by Committee on Nomenclature (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, carbalic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. diseases causing death), 29 ds.; Bronchopncumonia (secondary), Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, resulting from childbirth or miscarriage as Chronic and consequences (e. g., sepsis, Example: Measles (disease etc. The contributory valvular heart disease; Meusles; etc., of

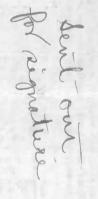
If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.



N.B.—Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD INLY, WITH UNFADING INK--THIS IS A PERMANEN MARGIN RESERVED FOR BINDING WRITE S. No. 1

Village or City School (If death occur a hospital or tion, give its NA 2FULL NAME SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED OR DIVORCED
Village or City Stallmanno. 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH MARRIED. WIDOWED. W
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH MARRIED, WIDOWED, OR DIVORCED (Write the word) 6 DATE OF BIRTH MONTH DEATH MONTH DEATH MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH MARRIED, WIDOWED, OR DIVORCED (Write the word) 17 I HEREBY CERTIFY, That I attended the decease MALL DEATH MONTH DEATH MALL DEATH
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE WIDOWED. OR DIVORCED OR DIVO
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. (Month) (Day) 7 AGE SINGLE, MARRIED, WIDOWED. (Write the word) 1 HEREBY CERTIFY, That I attended the decease 14 March 23 1928. to March 3/, that I last saw h malive on March 3/, and that death occurred on the date stated above, at 5/, The CAUSE OF DEATH * was as follows: 8 OCCUPATION (a) Trade, profession or particular kind of work 16 DATE OF DEATH 18 DATE OF DEATH 19 March 3/, The CAUSE OF DEATH * was as follows: 19 March 23 1928. to March 3/, The CAUSE OF DEATH * was as follows:
Male White Marked (Month) (Day) (Month) (Month) (Day) (Month) (Month) (Day) (Month) (M
7 AGE Social Particular kind of work 1927
The CAUSE OF DEATH * was as follows: Soccupation Cause of particular kind of work Cause of min. Cause of Death Cau
BOCCUPATION (a) Trade, profession or particular kind of work
(b) General nature of industry business, or establishment in which employed or (employer)
9 BIRTHPLACE (State or country) Contributory Secondary (Duration) (Duration)
10 NAME OF FATHER DA A Gigned) (Signed)
11 BIRTHPLACE OF FATHER (State or country) (State or country) When the Disease Causing Death, or, in deaths of Violent Causes, state (1) Means of Injury and (2) When Accidental, Suicidal or Homicidal.
of MOTHER Blanche Sowers 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) At place of death yrs mos. ds. Where was discase contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE if not at place of dea.h?
(Informant) Way / Dwdy usual residence
(Address) Shallman Ma 900 F Legens tere 741/a) Skil 2
15 Filed 4/1 1928 S. G. Barrick 20 UNDERTAKER Sharples Blaine?
If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.







(Approved by U. S. Census and American Public Health Association.)

state oecupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, er," etc., without more precise specification inc, etc. Wom-laborer, Farm laborer, Laborer—Coal minc, etc. Wom-en at home, who are engaged in the duties of the fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reployed as At school, or At home. Care should be taken to report specifically the occupations of persons endefinite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Physician, Compositor, Architect, Foreman, (b) For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; eman, (b) Automobile factory. The material Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inamition," "Marasmus," "Old Age," "Shock, atie), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important. Example: Measles (disease approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State eause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Whooping cough; perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic valvular heart disease, etc. The contributory " Shock," Measles ; of the

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificats is permanently filed.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. Ward) certi PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. 16 DATE OF pe be MARRIED. ack WIDOWED. BINDIN OR DIVORCED should (Write the word) (Month) uo that instruction 0 (Month) (Day) FO 7 AGE and that death occured on the date stated above, at IIf LESS than supplied I day hrs. 0 ESERVED terme B OCCUPATION 99 (a) Trade, profession or INKparticular kind of work carefully plai (b) General nature of industry important. business, or establishment in TH UNFADING 00 which employed or (employer) (Duration) MARGIN Contributory 9 BIRTHPLACE EAT Secondary (State or country) 0 10 S M OF FATHER ENT WZ *State the Disease Causing Death, or, in deaths from Violent Caus.s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. (State or country) 2 Ö 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-Inform state CUP/ ients or Recent Residents) 13 BIRTHPLACE At place OF MOTHER 00 In the yrs...... mos...... ds. State......yrs.....mos.....ds. (State or country) of Where was disease contracted, 3 of OF MY KNOWLEDGE if not at place of death? item s shot Every item CIANS sho statement Former or usual residence 19 PLACE OF BURIAL OR REMOVAL

If more banks are needed, address State Registrar, 16 W. Saratoga St., Bance, Requesting V. S. No. 1.

(If death occurred in a hospital er institution, give its NAME in-stead of street and

DATE OF BURIAL

ADDRESS

number.)

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: 'a state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The questired 6 yrs). or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Ferm leborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the (a) Foreman, (b) Automobile factory. The insterial worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Foreman," Spinner, (b) Cotton mill; (a) cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. the first line will be sufficient, e.g.. Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Physician, report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on Compositor, Architect, Locomotive engineer, For persons who have no occupation Salesman, (b) But in many (irocery) USI Puor

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synenym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia.", Lobar pneumonia. Bronchopneumonia ("Pneumonia,")

"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. " Uraemia, "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse;" "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Example: Measles (disease inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of hungs, mentelanus) may be stated under the head of "contributory. as fracture of skull, curbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need American Medical Association.) (Recommendations on statement of cause of death approved by Committee on (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiresulting from childbirth or miscarriage "" "Weakness," etc., when a definite disease Chronic and consequences (e. g., sepses, etc. The contributory valendar heart disease Nomenclature Always qualify all Measles

answered in defail, it will prevent further correspondence. A lthe data is essential and must be obtained before the certificate is permanently filed.

BINDING MARGIN RESERVED FOR

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PLACE OF DEATH	06531 STATE OF MARYLAND
County are t	CERTIFICATE OF DEATH
11. 11.	Registration Dist. No. / > / 1
Village or City I My Noogh	Ward) (If denth occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CENTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED.	16 DATE OF DEATH
WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
8 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
June 10, 1948	
(Month) (Day) (Year)	that I last saw halive on
7 AGE [If LESS than I dayhrs.	and that death occurred on the date stated above, at /O // m, The CAUSE OF DEATH * was as follows:
yrsnosds. ormin.?	7/
8 OCCUPATION (a) Trade, profession or particular kind of work	Muchuny
(b) General nature of industry	
business, or eatablishment in which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country)	Contributory Secondary Dystion) yis
FATHER Unel Durmeman	(Signed) M. D. August M. D. August M. D. August M. D. (Address) Recedent Mas
of Nather of Country of State of Country of Co	*State the Disease Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHERY N. Drondwall	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country) Litting e Law 160 M	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
as who had the suggest	Former or usual residence
(Informant) (Address) Allidant Ma	Home emoval Date of Burial &
File File 1928 J. B. British Registrar	28 UNDERTAKER & Sittinger Bellenies MI
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The ques-!abarer, Furm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Hausemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Screant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (6) Grocery;

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> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol ictanus) may be stated under the head of "contributory." carbolic acid-probably swicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by taken. For violent deaths state means of injuny "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approyed as fracture of skull, and consequences (e.g., scpsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi by Committee on Nomenclature of the or intercurrent) affection need not be ses important. Example: Measles (disease

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properly classified. CAUSE OF DEATH in plain terms so that it may be ATION is very important. See instructions on back be carefully EATH in plai Every item o statement of

PLACE OF DEATH County Gunett	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Diet. No. / //
Village or City Bettinger (No	St: Ward) (If death occurred in a hospital or institu- tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jess 4 color or race 5 single. Married. Miloweb. Midowid OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
Month (Day) (Year)	that I last saw h & alive on Neft 20, 192 8,
yrs. 2 mos. de. or min.?	The CAUSE OF DEATH & was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Duration) yrs. mos. ds. Contributory Secondary (Duration) yrs. mos. ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 13 NAME OF BITTINGS 14 BIRTHPLACE OF FATHER (State or country) 14 MAIDEN NAME	(Signed) M. D. (Address) Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER WWW.co.co.co.co.co.co.co.co.co.co.co.co.co.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. Where was disease contracted,
(Informant) Breusenan (Address) Billings	if not at place of des.h? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL B Ittues a Oct 3, 1928
15 Filed 10-3 1928, J. B. Brances	20 UN DERTAKER Justerberg Grantsville

If more blanks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

or given up on account of the DISEASE CAUSING DEATH. er," etc., Wilnum Laborer, Laborerfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of tired 6 yrs). business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, should be used only when needed. As examples: (a) Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the dutics of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-(b) Cotton mill; (a) Salesman. (b) without more precise specification as Day For persons who have no occupation (b) Automobile factory. The materia Stationary fireman, etc. -Coal mine, etc. Wom-But in many Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lohar pneumonia, Bronchopneumonia ("Pneumonia,"

stated unless important. Example: Measles (disease "Enhaustion," "Heart langue," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, use of "Tunnor" for malignant neoplasms); telanus) may be stated under the head of "contributory." "PUERPERAL sephicaemia," "PUERPERAL perilonilis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, earbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Aecidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved by Committee on Nomenelature (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; or intercurrent) Chronie etc. The contributory affection need not be valvular heart Measles ; disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

7. S. No. 1

N B.

1PLACE OF DEATH	STATE OF MARYLAND
County Garrett 03009	CERTIFICATE OF DEATH
00000	Registration Dist. No. 162
Village or City Asautsville (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in-
2 FULL NAME David Dosh 1	Broadwater stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Write the word)	16 DATE OF DEATH (Month) 25 , 192 (Year) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
()ct 13 1847	that I last saw h malive on all at 2 3 192
(Month) (Day) (Year) 7 AGE Ilf LESS than	and that death occured on the date stated above, at 12/30 am.
I dayhre.	The CAUSE OF DEATH * was as follows:
g occupation mos. ds. or min.?	Justice Varian
(a) Trade, profession or Harmonian Reparticular kind of work	Treas order
(b) General nature of industry	
business, or establishment in	(Duration) yrs. wos. de,
Which employed or (employer)	Contributory
9 BIRTHPLACE (State or country) Mdd	Secondary
I 10 NAME OF	(Duration) yrs. mos. ds.
FATHER (Juras Broadwaln	(Signed)
0 11 BIRTHPLACE	Mar 2 6 1928 (Address) X 9 Marianie
OF FATHER (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causas, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Office Atlact.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or country)	of death yrs mos. ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Ola Part	Former or usual residence
(Informant) I lly Maddwager	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Alecculavelle	New Germany Mar 27, 10 28
15 Filed Mar 26 1928 6777 Will Registras	20 UNDERTAKER Level ADDRESS
If more banks are needed, addross State Registrar	, 16 W. Saratoga St., Balto, Requisiting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples : (a) fulness of various pursuits can be known. cupation is very important, so that the relative health the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Serumt, Coak, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House en at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager." "Teal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grovery; (a) Foremon, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary Jureman, etc. But in many Physician, Compositor, Architect, Locomotive engineer whatever, write None. Foremon, to know For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Wom-(a) the kind of work and also (b) the The ques-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); obar pneumonia, Bronchopneumonia ("Pneumonia,")

answered in defail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is

permanently filed.

"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy." "Collapse," "Coma," "Convulsions," stated unless important. Example: Measles (disease "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Annemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary) (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; inges, perilonacum, etc., Carcinoma, Sarcoma,, etc., of unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis, telunus) may be stated under the head of "contributory". accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all approved carbolic acid—probably suicide. Examples: Accidental drowning; Struck by railway train American Medical Association.) (Recommendations on statement of cause of death If this certificate is looked over thoroughly and all questions ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage cough; Committee on Chronic valvular heart disease, The nature of the injury, etc. The contributory Nomenclature of

PLACE OF DEATH	STATE OF MARYLAND
County Sarrell	CERTIFICATE OF DEATH
200	Registration Dist. No. / / /
Village or City New Yermany (No.	St.: Ward) (If deoth occurr a hospital or in tion, give its NAM
2 FULL NAME IVILLIAM Broad	water stead of street number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH July 10th, 192
6 DATE OF BIRTH November 16 (Month) (Day) (Year)	abul 6th 1928 to Ruly 10th, 1928 that last saw hamalive on fruit 20th, 15
7 AGE [IFLESS than	
5-8 yrs. 7 nos. 2 4 ds. or min.	
8 OCCUPATION (a) Trade, profession or Particular kind of work	Chronie Luterstilial
(b) General nature of industry	0
business, or establishment in which employed or (employer)	. (Duration) /yrs
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary (Duration)yrs
10 NAME OF AMOS Broadwater	(Signed) M. Men ermott 7/10 1928 (Address) midland - Un
11 BIRTHPLACE OF FATHER Z (State or country)	*State the I is ase Causing Death, or, in deaths fr Violent Causes, state (1) Means of Injury and (2) Whet Accidental, Suicidal or Homicidal.
of MOTHER Sarah Billinger	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmos
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of doa.h?
(Informant) Mas aliel Broadua	Former or mousl residence
(Address) Grantspille Ma	deer exermony July 12.
15 Filed July 12 1928, J. B. Briston	20 UNDERTAKER ADDRESS Mars Minulaslesk usentage
If more b.anks are needed, oddress Ltote Registr.	VIVIV VIVIV

(Approved by U.S. Census and American Public Health Association.)

whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Scrvant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is necesyrs). For persons who have no occupation Farm laborer, Laborer-Coul minc, etc. Womwithout more precise specification as Day (b) Automobile factory. The material Stationary fireman, etc. Locomotive engineer, But in many Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,"

VICTER

telanus) may be stated under the head of "contributory." "E:haustion," "Heart manure, machine Alefanite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of carbolic acid—probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; approved by Committee on as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing (secondary Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condideath), 29 ds.; Bronchopneumonia (secondary), (name origin; "Cancer" is less definite; avoid cough; or intercurrent) Chronic affection etc. The contributory valvular heart Nomenclature of the need not disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently flied.

statement

DŽ

X	KTHIS IS A PERMANEN RECORD	supplied. ACE should be stated EXACTLY, PHYSI- n terms so that it may be properly classified. Exact See instructions on back of certificate.
BINDING	PERMANEN	should be statt it may be prop s on back of ce
RVED FOR BINDING	KTHIS IS A	supplied. ACE n terms so that See instruction

	PLACE	OF DEA	TH	10101100000000000000000000000000000000		1342
Vil	llage or City	and	llos	Z (r	Vo	22
	²FUI	L NAME	X/2	115	1/	6, 10
	PERSON	IAL AND	STATIST	CALP	ARTICL	JLARS
71	Male DATE OF BIR	70%	OR RACE	OR D		Hornes
0 1	DATE OF BIR		(Month)	7	26 (Day)	, 1867 (Year)
7 4	AGE .	67 yrs	,	mos. 2	, ,	If LESS than I day hrs.
))))	articular kind b) General na usiness, or es which employed BIRTHPLACE	ture of inc	dustry t in	70	on	L
	(State or cou			me	d	
TS	10 NAME OF FATHER	AGE ER	inso	n	135	own
PARENTS	(State or 12 MAIDEN OF MOTH	NAME A	wal	eti	2 Bi	beher
	13 BIRTHPL OF MOTH (State or	ER		7	nd	1
14	THE ABOVE I	TRUE TO	THE BEST	OF MY	KNOWL	
	(Informant)	1 de	mes.	F. TI	1 Re	ujre
	(Addr	es) W	ullon	***********	7/1	d
15	Filed De	e 231	928 J	eop	3/3/	Registrar

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. (If death occurred in a hospital or institu-Ward) tion, give its NAME in-stead of street and number.) MEDICAL CERTIFICATE OF DEATH 6 DATE OF DEATH (Month)(Day) I HEREBY CERTIFY, That I attended the deceased from nd that death occurred on the date stated above, at, he CAUSE OF DEATH * was as follows:

Contributory Secondary

*State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and deaths from Whether Accidental, Suicidal or Homicidal.

LENGTH OF RESIDENCE (For Hospitais, Institutions, Transients or Recent Residents) place In the

State yrs mos ds. death There was disease contracted,

not at place of death?

ual residence

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census 2nd American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tired 6 yrs). gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Day For persons who have no occupation (6) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or misearriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," stated unless important tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Exhaustion," "Debility" ("Congenital," 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; L. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train— FOR VIOLENT DEATHS State MEANS OF INJURY cough; Committee on Nomenclature "Heart failure," "Haemorrhage, Chronic Example: Measles (disease chopneumonia (secondary), etc. The contributory valvular heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. INLY, WITH UNFADING INK--THIS IS A PERMANEN RECORD WRITE P

MARGIN RESERVED FOR BINDING

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Larrell	CERTIFICATE OF DEATH
l,	Registration Dist. No. 162
Village or City TantsulliNo.	St.: Ward) (If death occurred in
	ward) a hospital or institu- tion, give its NAME in- stead of street and
2FULL NAME Level Le	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE.	16 DATE OF DEATH
emale There (Write the word)	(Month) (Day) , (Year)
B DATE OF BIRTH	18 I HEREBY CERTIFY, That I attended the deceased from
may 11.1898	Dec 29 1928. to 1 Tee 24, 1928;
(Month) (Day) (Year)	that I last saw h alive on, 192.2
7 AGE IFLESS than	and that death occurred on the date stated above, at 7,00 9.m.
30 yrs. 7 mos. / 8 ds. or min.	The CAUSE OF DEATH * was as follows:
B OCCUPATION O	La sutanali e can
(a) Trade, profession or particular kind of work	The state of the s
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) Wyss. V mos. da.
BIRTHPLACE 4/ /)	ContributorySecondary
(State or country) West vergina	Duration Tre mos de.
10 NAME OF FATHER PLANT OF STATE OF STA	(STEPPED) MININI M. D.
11 RIPTHPLACE	Will Type (Address) & caullocal
OF FATHER Z (State or country)	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME	
of MOTHER Bertha). Otyma	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the
(State or Country) 1 homa	Where was disease contracted,
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	il not at place of dwa.h?
(Informant) (Hes mars X) & Frauer	usual residence
all Chal Ofin	19 PLACE OF BURIAL OR REMOVAL
(Address) William (Address)	Jamoburg Va Ste 3/, 1920
Filed NW 29 1928 6/47 Kull Registras	You Winterberg Frants ville
If more banks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. I.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise sperimannia and laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Furmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed guged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, Civil engineer, Pinysician, tion applies to each and every person, irrespective of For many occupations a single word or term on 378). (b) Cotton mill; (a) Salesman. (b) Grocery, man, (b) Automobile factory. The materia Compositor, For persons who have no occupation Stationary fireman, etc. But in many Architect, Locomotive engineer, Grocery,

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISpileumonia, Bronchopneumonia ("Pneumonia,

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy," ("Exhaustion," "Heart failure," "Haemorrhage," approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease Whooping cough; use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid " "Marasmus," "Old Age," "Shock," or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory Measles ;

If this certificate is looked over thoroughly and all qu stions

answered in detail, it will prevent further correspondence. All the data is exemptal and must be obtained before the certificate is permanently filed.

S. No. 1

Z

PLACE OF DEATH	08840 STATE OF MARYLAND
County Farret	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Compton (No.	St.: Ward) (If death occurred in
2 FULL NAME Baby of Mr. + mis.	Roy Bryant a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White Single, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH (Month) (Day) (Year)	17 HEREBY CERTIFY, That I attended the deceased from 2 6 1928. to Guy 2 6 1928, that I last saw halive on 192 , 192 ,
7 AGE Born class If LESS than day hrs. ds. or min.	The CAUSE OF DEATH * was as follows:
a OCCUPATION (a) Trade, profession or particular kind of work	Trematury
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. de.
9 BIRTHPLACE (State or country) Kempton, W. Va	Contributory Secondary (Duration) yrs mos ds
10 NAME OF Roy Bryant	(Signed) M. D.
OF FATHER (State or country)	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of Mother Della Sims	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country)	ients or Recent Residents) At place of death yis described by the state of death yis described by the state of death yis described by the state of described by the state of death yis described by the state of
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant)	Former or usual residence
(Address)	Hempton Cometery Que 27, 1928.
15 Filed august 27,192 & Virginia M. Harvey.	Homer Evans. Lempton, W?
If more blanks are needed, address State Registral	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

08840

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Plumler, Spinner, tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a "ete., without more precise specification as Day Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. (b) For persons who have no occupation (b) Automobile factory. The material Gracery;

s inal meningitis"); Diphtheria (avoid use of "Group"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Carebrospinal Statement of Cause of Death-Name, first, the DIS-Typhoid forer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumania ("Pneumonia," to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect RECEIVED 826 B 838

EUREAN

"Inanition," "Weakness," etc., when a definite disease "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" inges, perilonaeum, etc., Carcinomu, Sarcomu, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"(Exhaustion," "Heart laime, "Old Age," "Shock," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, ".PUERPERAL septicacmia," "PUERPERAL peritonities, Whooping approved by Committee on tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) (Recommendations on statement of cause of death (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; 'Congenital,' "Senile,' etc.), "Dropsy,
" "Heart failure," "Haemorrhage, for malignant neoplasms); Measles; Chronic etc. valvular heart Nomenclature The contributory discuse;

permanently filed. data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all questions Althe

WRITE FOR SINLY, WITH UNFADING INK--THIS IS A PERMANEN RECORD

PLACE OF DEATH	Ubbbb STATE OF MARYLAND
County & auch	CERTIFICATE OF DEAT
lu T-11	Registration Dist. No.
Village or City XY ADMANNU (No.	St.: Ward) (If death occ a hospital or tion, give its N stead of str
2FULL NAME Matilda 19	stead of stronumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE B SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day)
G DATE OF BIRTH Jan 23, 18	69 May 1928 to June 27
	that I last saw her alive on filler 12's
58 yrs. 5 mos. 4 de. or	
B OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) and yes mos
9 BIRTHPLACE (State or country) Mod	Contributory Secondary (Duration) yrs
10 NAME OF adam Oester	(Signed) (Address) of wantswill
11 BIRTHPLACE OF FATHER (State or country) (State or country)	*State the Piscase Causing Death, or, in deaths Violent Causes, atate (1) Means of Injury and (2) Wi Accidental, Suicidal or Homicidal.
of MOTHER Margaret Kenftli	18 LENGTH OF RESIDENCE (For Hospitals, Institutions ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmos
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Rousy Cauft	rormer or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BU
(Address) accident Mdd	home behaveher July 1.
Filed June 30 1928 6 7 Registre	20 UNDERTAKER ADDRESS AN Min Minterfer G usentson
	gistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The questired 6 yrs). For persons who have no occupation er," etc., without more precise specification as Doy laborer, Farm loborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, g: ged in domestic service for wages, as Servoul, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealsary to know (a) the kind of work and also (b) the Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Solesmon. (b) (b) Stotionary fireman, etc. But in many Automobile foctory. The material

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same "disease. Examples: Cerebrospinal fever (the only "definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronehopneumonia ("Pneumonia,"

> stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." corbolic acid-probably sucide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL scplicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," (E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary Whooping cough; Chronic Chronic interstitual nephritis, use of "Tumor" for malignant neoplasms); Mcostes; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Soreoma, etc., ol unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-(Recommendations on statement of cause of death Examples: Aecidental drowning; Struck by rustway train-"Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi or intercurrent) valvular heart etc. The contributory affection need disease; not be

If this certificate is locked over the oughly and all qu stions answered in detail, it will-prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every Item of information should be carefully supplied. ACE chould be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. KECORD NLY, WITH UNFADING INK--THIS IS A PERMANEN MARGIN RESERVED FOR BINDING WRITE P

	PLACE OF DEATH	STATE OF MARYLAND
	County are t	@ CERTIFICATE OF DEATH /
1		Registration Dist. No.
	Village or City A LAND (No.) Wy	St.: Ward) (If death occurred in a hospital or institu-
	2FULL NAME WIS	tion, give its NAME is stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED ARRIVED OR DIVORCED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	(Month) (Day) (Year)	that I last saw h an alive on James 23, 1928,
	7 AGE If LESS than	and that death occurred on the date stated above, atm,
	d l dayhrs.	The CAUSE OF DEATH * was as follows:
	yrsniosde. ormin.?	Olama Chana Tita
	(a) Trade, profession or particular kind of work	Mar Therman
	(b) General nature of industry	A Shall of D. Shall Shall
3	business, or establishment in which employed or (employer)	(Duration)mosds,
2	9 BIRTHPLACE (State or country)	Contributory Secondary
	10 NAME OF	(Signed) Junation June J. M. D.
	FATHER LED SO WELL DE	fuce 15 1928 (Address) Deschueld
	of Father (State or country)	*State the I is see Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	of Mother syna (alder)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER	At place In the
	(State or Country) Hermann	of deathyrsmosds. Stateyrsmosds. Where was disease contracted,
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?
	(Informant) (As) Devis Dush	usyal ves dence
	(Address) Capline Md	A PLACE OF BURIAL OR REMOVAL DATE OF BURIAL &
	15 Filedune 25 192 Julia Power Registrai	MOUNTAKER Bolden CAILAND, MO
	If more blanks are needed, address tate Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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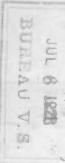
(Approved by U. S. Census and American Public Health Association.)

er," etc., Willow - Laborershould be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 state occupation at beginning of illness. If retired from g ged in domestic service for wages, as Scrvant, Cook, definite salary), may be entered as Howcwife, House-Spinner, (b) Colton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a cn at home, who are engaged in the duties of the or given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation without more precise specification as Day -Coal mine, etc. Locomotive engineer, But in many (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The n.ture of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. State cause for which surgical operation was under-(secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJULY . (name origin; "Cancer" is less definite; avoid cough; Chronic affection need etc. The contributory valvular heart Nomenclature of the not be disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



stated EXACTLY, properly classifier of certificate. PERSONAL AND STATISTICAL PARTICULARS 3 SEX COLOR OR RACE 16 DATE OF DEATH PERMANEN MARRIED may be n back WIDOWED. OR DIVORGED 6 DATE OF BIRTH rms so that instructions 7 AGE If LESS than I day hrs. or min.? 8 OCCUPATION n tel (a) Trade, profession or particular kind of work plai (b) General nature of industry business, or establishment in 2 which employed or (employer) 9 BIRTHPLACE Secondary (State or country) EA. DQ 10 NAME OF 31 FATHER 00 192. (Address) 8 11 BIRTHPLACE on tu OF FATHER ation s CAUSI FNH (State or country) Accidental, Suicidal or Homicidal. 12 MAIDEN NAME œ OF MOTHER Inform of OCCUP ients or Recent Residents) 13 BIRTHPLACE At place OF MOTHER of death ... (State or country) Where was disesse contracted, if not at place of death? of MY KNOWLEDGE 14 THE ABOVE IS Every Item CIANS shou Former or usual residence. BURIAL OR REMOVAL (Address) Registrar

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in Ward) a hospital or institution, give its NAME ir-stead of street and number.)

MEDICAL CERTIFICATE OF DEATH

I HEREBY CERTIFY, That I attended the deceased from

*State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and (2) Whether

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

In the

ADDRESS

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

BINDING

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(Approved by U. S. Census and American Public Health Association.)

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Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, to know For many occupations a single word or term on Or yrs). Farm laborer, Laborer-(b) Cotton mill; (a) Salesman, At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the (b) Automobile factory. The material -Coal minc, etc. Wom-(b) Grocery,

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"(Exhaustion," "Heart failure," Hacmorrnage, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important Example: Measles (disease or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaenia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved by (Recommendations on statement of cause of death totanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases causing death), 29 ds.; L. (secondary or intercurrent) affection need Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as (name origin; "Cancer" is less definite; avoid cough; "Heart failure," "Hacmorrhage, Committee on Nomenclature of the Chronic chopneumonia (secondary), etc. valvular The contributory hcart not disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is eisential and must be obtained before the certificate is permanently filed.

V. B. No. 1

N. B.--

	PLACE OF DEATH	STATE OF MARYLAND
Cou	inty Januallo	CERTIFICATE OF DEATH
		Registration Dist. No. / 72
	2-1- 100 05428	
Village	or City RetypullerNo. U3420	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME ir-
ate		stead of street and
Tio	2 FULL NAME Jufacet sow a	James (ample of number.)
Page 1	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE SINGLE,	16 DATE OF DEATH MUS 10
\$ 240	WIDOWED. OR DIVORCED (Write the word)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
to coll	ale Write the word)	(Year D.
6 DATE	E OF BIRTH	17 I HEREBY CERTIFY, That I Attended the deceased from
0	may 10, 1928	1920 . to 1920 . , 1920 .
0	(Month) (Day) (Year)	that I last saw hell alive on Mell of oth, 1920,
7 AGE	[If LESS than	and that death occurred on the date stated above, atm.
1	I day hrs.	The CAUSE OF DEATH * was as follows:
u u	yrs. mos. ds. or min.?	
B OCCI	UPATION Frade, profession or	f t ff
partic	cular kind of work / / / /	July John
E busin	General nature of industry ness, or establishment in	(Durstion) y18. mos. ds.
which	h employed or (employer)	12.11 0
O 9 BIRT	THPLACE tate or country) At 100. Va A	Contributory Secondary
E	tate or country) Mitypuller Md.	(Duration) yrs mos, ds.
	NAME OF A MALL CALLEROOF	(Sigged) Silvarifica M. D.
>	Junes Garnerell	May 10 197 W (Address) Relown MU
- III E	OF FATHER CAN A STATE OF FATHER	
O Z	(State or country) (thautee, W. Va.	State the Discase Causing Death, er, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
F 12	OF MOTHER OF A A A C A T KO A /	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
n n	how sugar	ients or Recent Residents)
48	OF MOTHER	At place of death yrs mos ds.
0	(State or country) emsylvania	Where was disease contracted,
0 14 THE	ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
out o	Informant) James Campbell	usual residence
Ě	1 1) + 100 md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
ate	(Address) Kulmuller J//L.	Davis Camelery, Vender May 10, 19 26
Ø 15	5110 mg / 1010 - 11.16	20 UNDERTAKER ADDRESS
File	ed 5 1921 / J J W M	Oha J. Sharpless Of sine like
	If more banks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

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spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal EATE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dis-Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

answered in detail, it will prevent further correspondence. All the data is exential and must be obtained before the certificate is

BUREAU data is essential permanently filed. American Medical Association.) tetanus) may be stated under the head of "contributory." stated unless important. Example: Measles (disease approved by Committee on (Recommendations on statement of cause of death accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify ali "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) (name origin; "Cancer" is less definite; avoid Examples: Accidental drowning; Struck by railway train-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-If this certificate is looked over thoroughly and all questions Never report mere symptoms or terminal condi-Chronic etc. The contributory affection need not be valvular heart Nomenclature of the disease;

STATE OF MARYLAND CERTIFICATE OF DEATH County. Registration Dist. No. Village or City Ward) state PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. 4 COLOR OR RACE 3 SEX 16 DATE OF DEATH MARRIED. 0 0 WIDOWED OR DIVORCED nay Write the word pino (Month) (Day) I HEREBY CERTIFY, That I attended the deceased from 6 DATE OF BIRTH ha (Day) (Month) (Year) 7 AGE If LESS than and that death occurred on the date stated above, at ... l day hrs. The CAUSE OF DEATH * was as follows: -THIS min. upplie term 8 OCCUPATION 99 (a) Trade, profession or 200 particular kind of work pla (b) General nature of industry business, or establishment in (Duration) which employed or (employer) Contributory 9 BIRTHPLACE Secondary (State or country DW nid 0 10 NAME OF FATHER 0 11 BIRTHPLACE ш 5 OF FATHER / *State the lisease Causing Teath, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Causing Teath, ARENT WZ ation CAU (State or country) 0 Accidental, Suicidal or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER inform CUP ients or Recent Residents) CCU 13 BIRTHPLACE In the At place of death... OF MOTHER State. (State or country) T Where was disease contracted, if not at place of dea.h?. of TO THE BEST OF MY KNOWLEDGE shoul 14 THE ABOVE IS TRUE Every item CIANS sho statement Former or usual residence (Informant) (Address

BINDING

2

RESERVED

MARGIN

If more blanks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(If death occurred in

a hospital or institu-tion, give its NAME is stead of street and

DATE OF BURIAL

number.)

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—Coal minc, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emnature of the business or industry, and therefore an Physician. whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken Foreman, ingineer, Stationary fireman, etc. But in many For many occupations a single word or term on yrs). For persons who have no occupation man, (b) Automobile factory. The material Compositor, Architect, Locomotive engineer,

Strtement of Cause of Death—Name, first, the pis-EARE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pncumonia,");

> atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. American Medical Association.) tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State eause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from ehildbirth or miscarriage can be ascertained as the eause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid Recommendations on statement of cause of as fracture of skull, and eonsequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, by Committee on Chronic Example: Measles (disease etc. valvular heart disease; Nomenclature of the The contributory death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

N. B.

PLACE OF DEATH County Sumul's 05429	STATE OF MARYLAND CERTIFICATE OF DEATH	
County James 05429	1/.1	
man Free 1 14	Registration Dist. No.	
Village or City J Mills 1000	St.: Ward) (If death occurred in a hospital or institution, give its NAME in	
2FULL NAME Sherlott France	stead of street and number.)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Junule While Single, Wildow OR DIVORCED (Write the word)	16 DATE OF DEATH , 192 , 192 (Month) 2 (Day) (Year) 72	
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from	
'Sec 25 1841	Jany 12 1928 to may 2 - 1, 1928	
(Month) (Day) (Year)	that I last saw her alive on akril 17 , 1928 ,	
7 AGE [If LESS tha		
86 yrs. 4 mos. 8 ds. or min.	The CAUSE OF DEATH * was as follows:	
B OCCUPATION (a) Trade, profession or particular kind of work	Cardiac Hypertroppy.	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) 3 yrs. mos ds.	
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs	
10 NAME OF John M. Jeets	(Signed) A. Mason 7 M. D. May 3 1928 (Address) Torendaville my	
US 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.	
12 MAIDEN NAME OF MOTHER OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)	
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos, ds.	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence Assual residence	
(Address) Huelder	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MAY 4, 1928	
Filed May 3 = 1928 Jasper Guard	20 UNDERTAKER ADDRESS TRUMBERS	
If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.		

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from tired 6 yrs). business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The queswhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. nature of the business or industry, and therefore an Foreman, For many occupations a single word or term on For persons who have no occupation (b) Automobile factory. The materia

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. stated unless important use of "Tumor" for malignant neoplasms); "Debility" ("Congenital," (secondary or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haomorrhage," "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiperilonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic Example: Measles (disease chopneumonia (secondary), etc. affection need not be valvular heart disease; The Always qualify all contributory Measles; of the

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PLACE OF DEATH County ME LA LA AND AND AND COUNTY COUNT	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in
Village or City And Melvil	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH August 22, 1928 (Month) (Day) (Year)
6 DATE OF BIRTH August 187 (Month) (Day) Yes	I HEREBY CERTIFY, That I attended the deceased from 1928, to Grey 22, 1928, that I last saw him alive on Killy 18", 1928,
7 AGE If LESS of l day	han and that death occurred on the date stated above, at 1745 m. The CAUSE OF DEATH * was as follows:
a occupation (a) Trade, profession or Assulting Salesme (b) General nature of industry	m Ourman of theret
business, or establishment in which employed or (employer) Stacks - Bonds BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF GATTER GOOTGE CO. Cochrane	(Signed) 13. (Address) Oakland M.D.
OF FATHER (State or country) Drochester Co Morgele 12 MAIDEN NAME	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER SUSAN & Interest	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
(State or Country) Notestine Manageria	Where was disease contracted, if not at place of dea.h?
(Address) Martins Farry OL	usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 19 PLACE OF BURIAL 10
15 Frong 23 192 Julia Rowan Registra	
If more blanks are needed, address State Reg	strar, 16 W. Sarafoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken er; etc., Wilnow, Laborer-laborer, Farm laborer, Laborershould be used only when needed. As examples: (0) fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from guged in domestic service for wages, as Servant, Cook, Hoysemuid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewije, House-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Former or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, en at home, who are engaged in the duties of the business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealmer, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on without more precise specification as Doy For persons who have no occupation

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever: (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

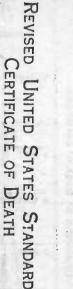
"Exhaustion," "Heart remained and Age, "Old Age, " when a de "Debility" ("Congenital," "Senile," etc.), "Bropsy, telanus) may be stated under the head of "contributory." taken. For violent deaths state means of injuly diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Corcinoma, Sorcoma, etc., of approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Aecidental drowning; Struck by roilwoy trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi interstitial nephritis, or intercurrent) affection need not be Chronic valvular heart disease etc. The contributory " Shock,

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V. S. No. 1

N. B.-

Village or City Fruedside Mo. 2FULL NAME Seral. Ann. 60	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.: Ward) Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale While Single, Married, Widowal, OR DIVORCED (Write the word)	16 DATE OF DEATH May 26th, 1928 (Month) (Day) (Year)
8 DATE OF BIRTH Security 27th, 1857 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1928 to 200 26 44 , 1928 that I hat saw her alive on 200 25 44 , 1928,
7 AGE If LESS than I day hrs. Age If Less than I day hrs. I day hrs.	and that death occurred on the date stated above, at 10.34.m. The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed or (employer) in his hours 9 BIRTHPLACE (State or country) manyland	(Duration) yrs, mos 5 ds. Contributory Secondary (Duration) yrs, mos 6 ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME (STATER) (State or country)	(Signed)
12 MAIDEN NAME OF MOTHER CLINGSLETTER (State or country)	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds, State yrs mos ds,
(Informant) B. Sondayyattan (Address) Rannuctors A. Log	Where was disease contracted, At place of deaths if not at place of death? Former or usual residence 19 PLAGE OF BURIAL OR REMOVAL Truendsville Com, May 28-1928
Filed May 27-1928 Jasper Succes Registrar If more blanks are needed, address State Registra	20 UNDERTHER Q ADDRESS O. Frozer Frundsvilla r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. M.S.



(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (6) The ques-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

totanus) may be stated under the head of "contributory." approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom. causing death), 29 ds.; _ stated unless important (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronic Example: Measles (disease chopneumonia (secondary), etc. The contributory affection need valvular heart disease, Measles ; not be

Afflerican macures over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMAKEN MARGIN RESERVED FOR BINDING K INLY, WITH UNFADING INK--THIS IS

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PLACE OF DEATH County 7000000000000000000000000000000000000	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Care of (No. 17)	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mace When Single, Married, Wildowed OR DIVORCED (Write the word)	16 DATE OF DEATH Cyp 25 , 192 8
6 DATE OF BIRTH M & 4 31 , 1928 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to , 192 , 1
7 AGE If LESS than I day hrs. or min.	and that death occurred on the date stated above, at 2 2 m.m. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	German - Vinbaley
business, or establishment in which employed or (employer) BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF Jacon Communication	(Signed) . S. A. Wise mos de M. D. M
U 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER O YOUR AREA OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence
(Informant) (Address) (Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Consultation of the property of
15 Filospul 2 (1928 Julia Kowani Rogistrar	Duesen hersluering le Carelon Tuel

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Wom-(6) Automobile factory. The material engineer, Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept ed term for the same disease. Examples: Cerebrospina fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup") Typhoid fever (never report "Typhoid Pneumonia"). Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomstited unless important use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carboke acid-probably suicide. The nature of the injury, accident, Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, diseases causing death), 29 ds.; L. (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-Whooping American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as cough; Committee on Chronic Example: Measles (disease chopneumonia (secondary), etc. affection need valvular Nomenclature of the The contributory heart not be disease;

If this certificate is looked over thoroughly and all questions answeed in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

E MAY 9 1928 V UKEAU V

S. No. 1.

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13.

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PLACE OF DEAT	H			STATE OF I	MARYLAND
County Garre	X ·			CERTIFICATE	OF DEATH
6	0 0 0 0 0 0	04221	74-2	Registration	Diet. No.
Village or City Calla	d // (No.			St.:	a hospital or institu-
	D.D. 1	11 ho			tion, give its NAME In-
² FULL NAME	your '	1.00	mu.	ay.	ыumber.)
PERSONAL AND S	TATISTICAL PARTIC			AL CERTIFICATE	OF DEATH
Wale Wh	DR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVOR (Write the	Married	6 DATE OF DEAT	(Month)	(Day), 192 & (Year)
6 DATE OF BIRTH		word) 17	0	CERTIFY, That I at	wil. 5. 1028
July 1	ly 10	1860 8	hat I last saw him	1 /1/	il 5, 1928
7 AGE	(Month) (Day)		nd that death occur	rred on the date state	d above, at 12:20 A.m.
/ AGE		If LESS than I dayhrs.	he CAUSE OF DEA		11
O / yrs.			Urterios	elerosis -/	typertension_
8 OCCUPATION (a) Trade, profession or	Finances				
particular kind of work (b) General nature of indus			••••••••••	***************************************	
business, or establishment which employed or (emplo	in			(Duration)	2yrs
9 BIRTHPLACE	7110		Contributory /C	encephalomalaen	Pral Demorthages
(State or country)	Ma.			(Duration)	yrsmosde.
10 NAME OF FATHER	Comment	(5	Signed) Ja	ald Co	Miller M.D.
11 BIRTHPLACE	me Go good	way	4-110 1928	(Address)	on Wa
(State or country)	Sa.		Violent Causes, &	tate (1) Means of In	n, or, in deaths from jury: and (2) whether
2 12 MAIDEN NAME OF MOTHER	Miss Kitts	millere 18		SIDENCE (For Hos	pitals, Institutions, Trass-
18 BIRTHPLACE OF MOTHER (State or country)	W//a	A	t place f death yrs	ln th	
14 THE ABOVE IS TRUE TO	THE BEST OF MY K	NOWLEDGE if	There was disease contro not at place of death?	acted,	
(Informant) Party	and Conne		ormer or sual residence		
	12/16 DC	7 19	PLACE OF BURI	AL OR REMOVAL	DATE OF BURIAL
(Address)	ocznalesal	mes de	Ked House.	Cemstry	4-12,1028
Filed afril 12 192	8 Elmes C	. Shaffe 21	UNDERTAKER	-0000	ADDRESS
	(R)	Registrar	/7 1/V-	Da harake	8 9 Par 1/1/a

wore blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requestion

V. 8 No. 1

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH business, that fact may be indicated thus: Farmer (re Housemaid, etc. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons en-Whatever, write None. tired 6 yrs.). ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are cugaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer the first line will be sufficient, e. g., Farmer or Planter, Civil engineer, Stationary fremen, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-For many occupations a single word or term on gr At Home, and children, not gainfully em-For persons who have no occupation If the occupation has been changed -Coal mine, etc. Wom-The ques

spinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospina to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Typhoid fever (never report "Typhoid Imeumenia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," fever (the only definite synonym is "Epidemic eerebro Stacement of Cause of Death-Name, first, the bis

ta is essential and must be obtained before permanently filed.

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With Scertificate is
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market All the Catalant's
the continent is period
A 36 Newcoulature of the American Medical Association.) ture of the injury, as fracture of skull, and consetrain-accident; Revolver wound of head-homicide; Examples: as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or Homicidal, or "Puerperal septicuenia." "Puerperal peritonitis," etc. diseases resulting from childbirth or miscarriage as Poisoned by carbolic acid-probably suicide. The nataken. For violent deaths state micans of injury State cause for which surgical operation was undercan be ascertained as the cause. Always quality all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatie), "Atrophy," "Collapse," "Coma," "Conary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely HCHOT WE queuces vulsions," causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant ueoplasms); Meastes; niges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of bungs, men-(secondary or intercurrent) affection need not be Whooping cough; "contributory." (Recommendations on state-(e. g., sepsis, tetanus) may be stated under the Accidental drowning; Struck by railway "Debility" ("Cougenital," "Senile," etc.), fail, it will prevent further corresponddeath approved by Committee on looked over thoroughly and all ques-Chronic valvular Example: Measles (disease heart disease; (second-

V. S. No. 1.

	PLACE OF DEATH	STATE OF MARYLAND
Co	ounty Garret	GERTIFICATE OF DEATH Registration Dist. No.
Villa	2 FULL NAME Joseph Martin	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street, and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 81	Male of COLOR OR RACE 5 SINGLE, MARRIED, Married WIDOWED OR DIVORCED (Write the word)	(Month) (Day) (Year) 17 OI HEREBY CERTIFY, That I attended the deceased from
6 DA	ATE OF BIRTH	June 1928, 10 DE 4 27, 1928.
	(Month) (Day) (Year)	that Plast saw heart, alive on NE 26 , 1928,
7 AG		and that death occurred on the date stated above, at
1(a)	CCUPATION Trade, profession or framula	Carrey Wroping
bu) General nature of industry siness, or establishment in hich employed or (employer)	(Duration)
9 BI	RTHPLACE (State or country)	Contributory Secondary Duration
	10 NAME OF FATHER STATE OF THE	(Signed) . X. Das wafer M.D.
ENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidai or Hombeldal.
PAR	12 MAIDEN NAME Miss Krasmiller	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs. mos. da. In the State, yrs. mos. da.
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) (Informant) (Informant)	usual residence
15	(Address) Dayard, W. Val	Bed Hanse Come 12 29, 1028
F	iled Dec 29 1928 Ehrer C. Shaffer	20 PHIERTAKEN Schrock Eglan Mila
	more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. 8 No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, House muid, erc. gaged in domestic service for wages, as Screant. Cook, to report specifically the occupations of persons enployed, as At schoot or At home. Cure should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laberer, Farm laborer, Laborerer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; nature of the business or industry, and therefore an tired 6 yis.). worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on CI. 11 Home, and children, not gainfully em-For persons who have no occupation If the occupation has been changed -Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerehrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on head of "contributory." (Recommendations on statequences (e.g., sepsis, tetanus) may be stated under the Poisoned by curbolic acid-probably suicide. train-accident: Revolver wound of head-homicide; ture of the injury, as fracture of skull, and conse-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as Accidental, Suicidal, or Homicidal, or taken. For violent deaths state means of injury State cause for which surgical operation was under-"Puerperal septicucmia." "Puerperal peritonitis," discuses resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorvulsions," symptomatic), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. use of "Tumor" for malignant neoplasms); Measles; mges, peritonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. (name origin; "Cancer" is less definite; avoid Whooping cough; Chronic valentur heart disease; "Debility" ("Congenital," "Senile," etc.), Carcinoma, Sarcoma, etc., of Example: Meastes Always qualify all The contributory "Coma," (merely (second-(disease "Conetc.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.—Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PEAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

V. S. No. 1

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PLACE OF DEATH	00507	STATE OF M	
County Sauf	44)	CERTIFICATE	17/
Village or City Kitymully (No.		Registration I	Of death assured in
2 FULL NAME Mary Esli	ya Crase	^	tion, give Its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICL	ILARS	MEDICAL CERTIFICATE C	F DEATH
Female White Single, MARRIED, WIDOWED. OR DIVORCED (Write the word	rdoud	OF DEATH	(Dav) (Year)
6 DATE OF BIRTH BLE H /6 (Month) (Day)	, 1/86/ 17/ (Year) that I la	I HEREBY CERTIFY, That atte	
7 AGE (death occurred on the date stated	above, at 6 a m.
	or min.?	Theory of lower	end frofhague
(a) Trade, profession or particular kind of work House House	R w	th Serossell	
(b) General nature of industry business, or establishment in which employed or (employer)		ibutory astheria + In	Herous de.
10 NAME OF FATHER Joseph & Blace	Rhown (Signed)	Nos 15 Pre	Verden M. D.
Z (State or country)	via Violent Accide	tate the Discase Causing Death, t Causes, atate (1) Means of Injectal, Suicidal or Homicidal.	er, In deaths from ury and (2) Whether
of MOTHER Susan Sull		TH OF RESIDENCE (For Hospiter Recent Residents)	als, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country)	At place of death Where wa	ln the State disease contracted,	yrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWL	Former or usual resid		
(Informant) freigh Crane	The 19 PLACE	E OF BURIAL OR REMOVAL	DATE OF BURIAL
(Additions) / Auguntum	Han	ell cernelay 908	Jan 28 19.28
Filed an 19 1927	Registrar BH	re Shaplies	Blaine It Ca
If more branks are needed, addre.s	tate Registrar, 16 W. Sa	aratega St., Baito., Requesting V. S.	. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

er,' etc., William Laborer, Laborer-Never return "Laborer," "Foreman," "Nanager," "Dealstate occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) cupation is very important, so that the relative healthdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write Nanc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scruant, Cook, ployed. as At school, or At home. Care should be taken work, or household only (not paid Housekeepers who receive a to report specifically the occupations of persons enworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, Foreman, For many occupations a single word or term on yrs). (b) Catton mill; (a) Salesman, (b) At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material -Coal minc, etc. Grocery; Wom-

spinal meningitis"; Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebro" ed term for the same disease. Examples: Cerebraspinal Strtement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect

If this certificate is looked over thoroughly and all questions apperential it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanency field. American Medical Association.)

If this certificate is looked answered in detail is "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopncumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; curbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(secondary perilonacum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid cough; or intercurrent) Chranic valvular heart etc. The contributory affection need not be disease;

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MARGIN APPERATE TOR BINDING	FE P NLY, WITH UNFADING INKTHIS IS A PERMANE	m of information should be carefully supplied. ACE should be hould state CAUSE OF DEATH In plain terms so that it may be to occur to the contraction of the plain terms.
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V. S. No. 1

300	PLACE OF DEATH	STATE OF MARYLAND
HYSI.	County Jarrett	CERTIFICATE OF DEATH
6, p €	7, 0	Registration Dist. No. /70
7 = /	Mean () t	
XACTLY Selection	Village or City (No. (No.	St.: Ward) (If death occurred in a hospital or institu
COI EXA	Mar. Y	tion, give its NAME in
d E	2FULL NAME // Care 5	number.)
NECOR.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
[1]	3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
Z QQX	Thereals Whole OR DIVORCES Me of	1920
	Temole of the (white the word)	(Month) (Day) (Year)
Ho t n	6 DATE OF BIRTH	HEREBY CERTIFY, That I attended the decemed from
E sati	aug 2), 1835	V- 4 4 0
IS IS A Fled. ACE so that structions	(Month) (Way) (Year)	that I last saw he alive on 1921
IS 80 uc	7 AGE	
IIS ied ied str	73 yrs. 2 mos. 9 ds. or min.?	
uppli term term	8 OCCUPATION	0+-00
sup n tel See	(a) Trade, profession or	of the second
	particular kind of work (b) General nature of industry	Therefly was
	ausiness, or establishment in	Thrombasis (Duration) yrs. mos. 5 ds
FADING be caref EATH In Importa	which employed or (employer)	Contributory Whyonis Myseardel
AD ATI	9 BIRTHPLACE (State or country)	Secondary
	10 NAME OF CL	(Duration)mosde
D 3 1 0	FATHER Se Set	(Signed) M. D
Sho si	IN II BIRTHPLACE	76 1928 (Address) 1 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
VIII	C (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
Y, WIT	W 12 MAIDEN NAME)	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
J - or	of MOTHER Martha Marthe	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
I infor	13 BIRTHPLACE OF MOTHER	At place of death yrs. mos. ds. State yrs. mos. ds.
200	(State or country) Lem and	Where was disesse contracted,
E Populo	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
em o	as all of	Former or usual residence
WRI y It	(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
WRITE Every Item CIANS sho statement	(Address) (Chrille	Mr 3200 Mr 8, 1628
S C E	15 Man 7" wa Man B B. The	20 UNDERTAKER ADDRESS
To	Filed VVV / 1928 Jateo 13 1940 Registrar	47 Dung Frostours
Z		r, 16 W, Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. 'Never return" Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken er," etc., nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, cupation is very important, so that the relative health-Housemaid, etc. If the occupation has been changed additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octo report specifically the occupations of persons enor At Home, and children, For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day not gainfully em-

Statement of Cause of Death—Name, first, the DISEARE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fiver (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fiver (never report "Typhoid Pneumonia"); Lobar preumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," inges, peritonaeum, etc., Carcinoma, Sarcomu, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Shock," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory Never report mere symptoms or terminal condior intercurrent) Example: Measles (disease affection need not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVE A

	Registration Dist. No. 165
illage or City Suces ruch (No	St.: Ward) a hospitul or institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MAL WHEN SINGLE, MARRIED, WIDOWED LOCAL (Write the word)	16 DATE OF DEATH /8 , 192 8
DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192
AGE If LESS than day hrs. day hrs. day hrs. or min. (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	
which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF	Contributory Secondary (Duration) 1978 mos. d
TATHER CELEBORIUM II BIRTHPLACE OF FATHER (State or country) I 2 MAIDEN NAME	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transents or Recent Residents) At place of death
(Informant) 6. / Steeres	usual residence

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it er,' etc., William laborer, Laborer-Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation without more precise specification as Day Stationary fireman, etc. But in many -Coal mine, etc. Wom-Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilicria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL scplicaemia," "PUERPERAL perilonilis, can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Tebility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. Example: Measles (disease Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-State cause for which surgical operation was underdiseases (secondary or intercurrent) approved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or miscarriage as cough; Chronic etc. The contributory affection valvular heart Nomenclature of the need disease; not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND

YSI- xact	PLACE OF DEATH	STATE OF MARYLAND
T.	County Darrett	CERTIFICATE OF DEATH
L,≺,	3 mile / 21 md	Registration Dist. No. 1
CT 9888	Village or City & Miles from Hoyano.	St.: Ward) (If death occurred in a hospital or institu-
EXA Try-ely	2FULL NAME Mrs Cathren	buppett. tion, give its NAME in- stead of street and number.)
ope	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
d be st y be pr ack of	Fereal White Word (Write the word)	16 DATE OF DEATH Sully 3/ST, 1928 (Nonth) (Day) (Year)
E shoui at it ma ns on b	6 DATE OF BIRTH March 1144, 1841 (Month) (Day) (Year)	IT I HEREBY CERTIFY, That I attended the deceased from 1928. to class of 2, 1927.
Actio	(Month) (Day) (Year) 7 AGE (HESS than	and that death occurred on the date stated above, at
ms sen	87 yrs. 5 mos. 10 ds. or min.?	
see i	(a) Trade, profession or Jewisal leaus Work	
in pia	(b) General nature of industry business, or establishment in the farmer which employed or (employer)	(Duration) 5 yrs. mos. ds.
be ca EATH impo	9 BIRTHPLACE (State or country) West Virginia	Contributory Secondary (Durstion) yrs. J. mos. de.
OF D	10 NAME OF FATHER Heury Bishoff	(Signed) & Cuelsand M. D.
AUSE	II BIRTHPLACE OF FATHER (State or country) WURNOWN 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
mat PAT	of MOTHER Miller	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
stat	13 BIRTHPLACE OF MOTHER	At place In the of deathyrsnosds. Stateyrsnosds.
0 t 0 t	(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of desih?
shoi	Harrey Couppet	Former or usual residence
INS It	(Address) Sova alla W. Va.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
B Eve ClA sta	Filed July 25= 1928 Jasper Suard	20 UNDERTAKER AGORESS JURIA Olla
2)		, 16 W. Saratoga St., Balto., Requesting V. S. No. Worst bar

V. S. No. 1

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PERMANEN BINDING

MARGIN RESERVED FOR

NLY, WITH UNFADING INK--THIS IS A

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—Coal mine, etc. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. tion applies to each and every person, irrespective of Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salcsman, (b) without more precise specification as Day (b) Automobile factory. The materia Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. American Medical Association.) approved by Committee on as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock, (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Debility" ("Congenital," tions, such as "Asthenia," "Anaenia" (merely symptomcausing death), 29 ds.; L. stated unless important (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; inges, pertionaeum, etc., Carcinoma, Sarcoma, etc., oi...... (name origin; "Cancer" is less definite; avoid Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; "Heart failure," "Haemorrhage, Chronic Example: Measles (disease "Senile," etc.), "Dropsy, chopneumonia (secondary), valvular heart disease; etc. The contributory Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND CERTIFICATE OF DEATH

County 47770	CERTIFICATE OF DEATH
Of the	Registration Dist. No. /62
Village or City Trauspulle (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MAN 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED Newword (Write the word)	16 DATE OF DEATH June 9 192.8 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Warch 9 1854	192 . 10 , 192 ,
(Month) (Day) (Year)	that I last saw h alive on , 192 ,
7 AGE 76 yrs. 6 mos. ds.	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows: Livelyal Taumorr hage
8 OCCUPATION (a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) Tree mos ds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration)
10 NAME OF FATHER Samuel Custer	(Sighed) 1 Dell Myles Supt 10 1928 (Address) Januar Swells
OF FATHER (State or country)	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Lifgir Durst	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Min Winusberg	Former or usual residence
(Addyss) frontescel Ald	Destro Centre Sept 1, 1928
15 Filed Appt 10 1928 674 Quil	20 UNDERTAKER ADDRESS Trauboulle

If more b.anks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

WRITE

Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be proporly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

RECORD

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FOR A

MARGIN RESERVED

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification in laborer, Laborer, Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) fulness of various pursuits can be known. The ques-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Shock," stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all " Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, etc. The contributory Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY "" "Weakness," etc., when a definite disease Chronic affection need valvular heart not be disease;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificata is permanently filed.

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STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No./6
Village or City Stauteulle (No.	St: Ward) (if death occurred in a hospital or institu-
2FULL NAME William Ever	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Vale White the word	16 DATE OF DEATH (Month) (Day) (Year)
Manth) (Day), 19/2 (Month) (Day), (Year)	that last saw h tenalive on July 192 5,
/ AGE	and that death occurred on the date stated above, at 1:00 cm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work are assumed. (b) General nature of industry business, or establishment in	(Duration) yts. mos 2 ds.
BIRTHPLACE (State or country) Mich employed or (employer)	Contributory Secondary (Duration) yre
10 NAME OF FATHER CLARVEY & Custer	(Signed) M. D. M.
OF FATHER (State or country)	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Poffe To Blocher	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place In the of deathyrsmosds. Stateyrsmosds.
4 THE ABOVE IS THOSE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Informant) Larrey Oulle	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Frankaville	New Yeunans Xett 9. 1978
Filed Sypal-8 1928 6 Haire Registrar	20 UNDERTAKER COPRESS

If more blanks are needed, addre.s State Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queseupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation er," etc., Without more present in the duties of the should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to cach and every person, irrespective of state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it nature of the business or industry, and therefore an eases, especially in industrial employments, it is neces-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scream, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. worked on may form part of the second statement. rner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DISEACT CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stited unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shoek," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "E:haustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the (Recommendations on statement of cause of death carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart Example: Measles (disease affection need not etc. The contributory Mcasles; disease;

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STATE OF MARYLAND CERTIFICATE OF DEATH

Village or City DEEL Park MORITA	Registration Dist. No. 6 7 St.: Ward) a hospital or institu-
2FULL NAME lugaus Davis	a hospital or institu- tion, give its NAME ir - stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH 3 , 192 8
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 2 1928. to 3 , 1928, that I last saw has alive on 2 , 1928,
7 AGE If LESS than I day/6 hrs. or min.?	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER ALLE WAY DAVID	(Duration) yrs. mos. ds. Contributory Secondary (Duration) yrs. mos. ds. (Signed) . J. Draw wafus M. D. Lung 3 1928 (Address) Careland Mile
OF FATHER (State or country) 12 MAIDEN NAME 7	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Scene 13 ccs. 13 BIRTHPLACE OF MOTHER (State or Country) U.D.	18 LENGTH OF RESIDENCE (For ients or Recent Residents) At place In the State yrs
(Informant)	if not at place of dea.h?
(Address) NEw Pars, med Th	DATE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL 19 PLACE OF BURIAL 19 PLAC
Filed une 3 1928 Illie M Cestibeg Registrat	20 UNDERTAKER MOON Deer Paris Md
If more banks are needed, addres State Negistral	r./16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, Farm laborer, Laborer—Coal mine, etc. should be used only when needed. As examples: (a) nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. whatever, write None. or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a report specifically the occupations of persons enengineer, Stationary fireman, etc. to know For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation without more precise specification as Day (a) the kind of work and also (b) the But in many Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "Exhaustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. use of "Tumor" for malignant neoplasms); Meastes; "PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. " Uraemia, causing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all Whooping cough; (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi resulting from childbirth or miscarriage as " "Weakness," etc., when a definite disease Chronic Example: Measles (disease affection valvular heart need not be disease; of the

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HYSI- Exact	PLACE OF DEATH	STATE C
A A A	County Jarrett	SE-E) CERTIFICA
, od.	04223	Registra
TIL	Village or City A installed (No	St.: V
ARECORD ated EXACTLY, openly classified certificate.	2FULL NAME Eleanor De	Vall
Stated properli	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICA
FERMANEN FR. Hould be st it may be pron on back of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) MARRIED, WIDOWED. OR DIVORCED (Write the word) MARRIED, WIDOWED. OR DIVORCED (Write the word) MARRIED, MARRIED, WIDOWED. OR DIVORCED (Write the word) MARRIED, MARRIED, WIDOWED. OR DIVORCED (Write the word) MARRIED, NICOLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word) MARRIED, OR DIVORCED (WRITE THE WRITE THE W	16 DATE OF DEATH (Month) 17 I HEREBY CERTIFY, That 192 102
AVED FOR E-THIS IS A Pupplied. ACE sterms so that ee instructions	(Month) (Day) (Year)	that I last saw h A alive on
FO IS So truct	7 AGE [If LESS than I day hrs.	and that death occurred on the date a
SERVED INKTHIS III supplied lain terms to the terms to	53 yrs. 10 mos. 28 ds. or min.?	Auperlen se
TT upp ter	B OCCUPATION (a) Trade, profession or 7	Becom day
A Sing	particular kind of work	
	(b) General nature of industry business, or establishment in	(Duration)
ADING INFORMATION OF THE INPOSITION OF T	which employed or (employer)	Contributory Alle
FADING IN Be carefull EATH In plain portant.	9 BIRTHPLACE (State or country)	Secondary
H UNH nould of Di	10 NAME OF FATHER TOWNY BOTHER	(Signed) (Address) (Address)
ation sl	OF FATHER Z (State or country)	*State the Disease Causing I Violent Causes, state (1) Means Accidental, Suicidal or Homicidal.
,Y, nati	of MOTHER Mary Javal Wilfurn	18 LENGTH OF RESIDENCE (For
Informatere	13 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place
	(State or country) Carrell (1) Md.	of death
T 027	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
WRITE y Item NS sho	(Informant) Lugo De Vall	rormer or usual residence.
WRITE CIANS sho	(Address) Bitmuller	19 PLACE OF BURIAL OR REMOVAL
Sta sta	15 Filed 4/1919278 a 4 Banica	20 UNDERTAKER
M	Registrat	19 Lun Shar helds

OF MARYLAND ATE OF DEATH tion Dist. No. (If death occurred in a hospital or institu-tion, give its NAME ir-stead of street and Ward) number.) ATE OF DEATH Death er, in of injury and in deaths from and (2) Whether Hospitals, Institutions, Trans-In the

State.....yrs......nos..

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it should be used only when needed. As examples: (a) nature of the husiness or industry, and therefore an fulness of various pursuits can be known. The questired 6 yrs. state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Physician, Campositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully emespecially in industrial employments, it is neces-For many occupations a single word or term on (b) Cottan mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dishtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved by Committee on American Medical Association.) use of "Tumor" for malignant neoplasms); Measles; tctanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by taken. FOR VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicacmia," "PUERPERAL perilonitis, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcomu, etc., of as fracture of skull, and consequences (e.g., scpsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, unqualified, is indefinite); Tuberculasis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traindiseases "Uraemia," "Weakness," etc., when a definite disease Whooping cough; Chronic valvular heart "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as or intercurrent) Example: Measles (disease etc. The contributory affection need not be Nomenclature disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

YAM

3

RECORD NLY, WITH UNFADING INK--THIS IS A PERMANEN MARGIN RESERVED FOR BINDING WRITE P

V. S. No. 1

N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Village or City Parks Annal Annal	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.: Ward) (If death occurred in a hospital or institution, give its NAME in-
2FULL NAME ASSIL Wu	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED. MARIED.	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, (That attended the deceased from 192 % 192 %
(Month) (Day) (Year)	that I last saw h alive on 192.8,
yrs. mos. ds. or min.?	and that death occurred on the date stated above, at 14 m. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work	Sugar Br John
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos ds.
(State or country) 10 NAME OF FATHER 11 DIRTHRIAGE	Secondary (Duration) yis mos ds, (Signed) M. D.
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the
OF MOTHER (State or country)	of death yrs mos ds, State yrs mos ds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence
(Address (at) Gilman St. Tryser, W.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 1928
15 Fildan 13 1928 Whia Rowan	EN UNDERTAKER SMOMBOLDEN DANLAND MIL
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesor given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Househeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, business, that fact may be indicated thus; Farmer (rereport specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as For persons who have no occupation Locomotive engineer, 6 Grocery,

Statement of Cause of Death—Name, first, the DISPEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same discase. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal ineningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," stated unless important carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertlonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. chopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify ali Whooping cough; American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJUNY "Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, ChronicExample: Measles (disease etc. The contributory valvular heart disease; not be

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V. S. No. 1

N. B.-

PLACE OF DEATH	STATE OF MARYLAND
County Garrett	CERTIFICATE OF DEATH
	Registration Dist. No. // U/
Village or City Man Preudosella	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street an number.)
2FULL NAME YAMUN COMONO	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH July 1744, 1928
6 DATE OF BIRTH Sully (Month) (Day) (Year)	that Mast saw h Livalive on July 17th, 1928
7 AGE 1 dayhrs or min.:	and that death occurred on the date stated above, at 2 A n. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry	Н
business, or establishment in which employed or (employer)	(Duration) vrs. mos d
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs mos / 3 d
10 NAME OF FATHER Edwne Dixon	(S)gned) N. C. Medrow M. I July 184 1928 (Address) Formularill m
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Take	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tranients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of deathmosds. In the Stateyrsmosd Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence
(Address) Aucharilles of	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL JULY B., 1921
15 Filed July 18 1928 Jasper Guerd Registrar	20 UNDERTAKEN APDRESS Inenderile
If more bianks are needed, address State Registra	ar, 16 W. Saratoga St., Balton, Requesting V. S. No. 1.

(Approved by U. S. Census 2nd American Public Health Association.)

business, that fact may be indicated thus; Farmer (rcstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housewhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, en at home, who are engaged in the duties of the er," etc., Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Never return "Laborer," "Foreman," "Manager," "Dealsary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quesworked on may form part of the second statement. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Salcsman. (b) without more precise specification as Day (b) Automobile factory. The material Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease, Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

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"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suncide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, stated unless important Chronic interstitial nephritis, (Recommendations on statement of cause of State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; L. (secondary or intercurrent) affection need not be Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., o: Never report mere symptoms or terminal condi FOR VIOLENT DEATHS STATE MEANS OF INJURY . (name origin; "Cancer" is less definite; avoid cough; Chronic valvular heart disease Committee on Nomenclature Example: Measles (disease chopneumonia (secondary), etc. The contributory

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act	PLACE OF BEATH	STATE OF MARYLAND
û /	County James	CERTIFICATE OF DEATH
pei		Registration Dist. No. 166,
Sit	Village or City loom (Nong lon	St.: Ward) (If death occurred in a hospital or institu-
properly chassifi of certificate.	2FULL NAME Harry Co	tion, give its NAME in- stead of street and number.)
ceri	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
b x	3 SEK 4 COLOR OR RACE 5 SINGLE, MARRIED, WHOWED, OR DIVORCED (Write the word)	(Mopth) (Day) (Year)
it may s on bac	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
that i	(Month) (Day) (Year)	192 . to , 192 . , 192 . , 192 . , 192 . , 192
structions	7 AGE If LESS than	
s stru	yrs. mos. 2 5 ds. or min.	The CAUSE OF DEATH * was as follows:
in plain terms rtant. See inst	8 OCCUPATION	Willed while tresposely
Se	(a) Trade, profession or particular kind of work	an railroad holy
pla ant.	(b) General nature of industry business, or establishment in	Codly manowalked us mos de
	which employed or (employer)	compibutory Introperation
EATH	(State or country)	Secondary (pos) yrs. (pos) ds.
F Di	10 NAME OF FATHER 1970 Doublos	Digney wie Jowan Legi D.
EC	O II BIRTHPLACE OF FATHER	192 (Address)
CAUS	Z (State or country)	Ptile the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
40	of Mother	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
etate ccu2,	13 BIRTHPLACE OF MOTHER	At place of deathyrsmosds. Stateyrsmosds.
00	(State or Country)	Where was disease contracted, if not at place of dea.h?
shoul ent of	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence.
s ehc	(Informant) Mo, Harry Daugles	18 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
O S	(Address) June (Address)	mlo emity July 4,0 7/
8 6	15 Filed uly 2 192 8 Ilia Coman Registras	20 UN DERTAKER ADDRESS
	If more banks are needed, addre.s Ltate Kegistrar	, 16 W. Saratoga St., Balto., Requesting V. S. Ad 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Scrvant, Cook. ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emer," etc., Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a worked on may form part of the second statement. report specifically the occupations of persons en-For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal, fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia");

> atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." carbolic acid—probably suicide. The nature of the injury, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic etc. The contributory affection need valvular heart Nomenclature of the not be disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MARGIN RESERVED FOR BINDING	WRITE P INLY, WITH UNFADING INK-THIS IS A PERMANEN RECORD	N. BEvery Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCIDATION is very important.
V. S. No. 1	WRITE P	Every item of inf CIANS should st statement of OCC

PLACE OF DEATH	STATE OF MARYLAND
County Famett 03010	CERTIFICATE OF DEATH Registration Dist. No. / 6/
Village or City Me Henry MANO.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME I sabel Johnson	Droug stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Junale Hult Single, Married, Wildowed, OR DIVORCED (Write the word)	16 DATE OF DEATH March 30 th, 1928 (Month) (Day) (Year)
6 DATE OF BIRTH 1857 (Month) (Hard) (Year)	that I last saw h & alive on March 19 1925.,
7 AGE 16 LESS than 1 day hrs. or min.? 8 OCCUPATION (a) Trade, profession or 70	and that death occurred on the date stated above, at # - 9 m. The CAUSE OF DEATH * was as follows: Lettonic Sullessitial Refliction
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Duration) yrs. mos. ds. Contributory Secondary
10 NAME OF FATHER DATION DATE 11 BIRTHPLACE OF FATHER (State or country) Prince Jeone Co Ja 12 MAIDEN NAME OF MOTHER OF MOTH	(Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Shambar 13 BIRTHPLACE OF MOTHER (State or country)) My / Snown	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds.
(Informant) Marcel Amir	Where was disease contracted, at place of death. Former or usual residence
(Address) Strang 318	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know tion applies to each and every person, irrespective of cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, Farm laborer, Laborer-Coal mine, etc. (b) Cotton without more precise specification as Day who are engaged in the duties of the For persons who have no occupation (a) the kind of work and also (b) the mill; (a) Salesman. not gainfully em-(6) Grocery;

s; inal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect pneumonia, Bronchopneumonia ("Pneumonia,

> "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage, stited unless important Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Accommendations on statement of cause of telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; L Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) Whooping cough; American Medical Association.) Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY Committee on Nomenclature of the Chronicchopneumonia (secondary), affection need etc. The valvular heart Always qualify all contributory disease;

If this certificate as looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fled.

V. S. No.

2

1PLACE	OF DE	ATH	
County C	len	ett	
	ma	El.	- 2



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. / 6/

ma fl Day	rogistration 2-st. 1-0-
Village or City. Mc Holmy Hood	St.: Ward) (If death occurred in a hospitul cr institution, give its NAME instant of street and
2FULL NAME // W/late	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH (Mony), 1928, (Year)
(Month) (Day) (Year)	that I last saw h in alive on Affeil 20, 1925.
7 AGE If LESS than	and that death occured on the date stated above, at 500 m.
yrs. 8 mos. 12 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or sparticular kind of work	of heart
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yramnsds.
9 DIRTHPLACE (State or country) Mangleuch	Contributory Secondary Duration) yrs mos ds.
10 NAME OF Mariew Space	(Signed) Maraine W. D.
OF FATHER (State or country) Price Leon Ma	*State the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Memary & humbs	ISLINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- thets or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) OF MOTHER (State or country)	At place of death yrs mos ds. State yrs mos ds. Where was disease contracted, Whene was disease contracted, whenever the state was disease contracted.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence. While War is the control of the control o
(Address)	Hoge Mill Suly 10 1928
15 Filed July 10=1928 Jasper Guard Registrai	20 UNDERTAKER Savage Freudoville
If more banks are needed, addross State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

taborer, Farm laborer, Laborer—Coat muss, Laborer Farm laborer, Laborer—Coat muss, the duties of the tired 6 yrs). For persons who have no occupation worked on may form part of the second statement. Never return 'Laborer," "Foroman," "Manager," "Dealshould be used only when needed. As examples: Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enplayed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g.. Namuer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation Precise statement of oc-Foreman, For many occupations a single word or term on Cotton mill; (a) Salesman, (b) crecery, (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the disease causing death (the primity affection with respect to time and causation), using always the same accepted term for the same disease. It amples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria avoid u e of "Croup", Typhoid fever* (never report "Typhoid Pneumonia"; *Lobar meumonia Brouchopneumonia ("Pneumonia,".

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory". carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICI'A., State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," ele. diseases "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma,, ctc., ef (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved as fracture of skull, and consequences (e.g., sepsis, taken. FOR VIOLENT DEATHS State MEANS OF INJULY can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," (Recommendations on statement of cause of death approved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway train-Whooping American Medical Association.) resulting from childbirth or miscarriage as cough; Chronicetc. The contributory valvular Always qualify all heart disease; Measles;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A the data is essential and must be obtained before the certificate is permanently filed.

N. B.—Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH In plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate RECORD-INLY, WITH UNFADING INK--THIS IS A PERMANEN MARGIN RESERVED FOR BINDING WRITE P

V. S. No. 1

PLACE OF DEATH County (15431	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 68
Village or City Fingel (No. 2FULL NAME Leo Henry A	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street annumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH May 28, 192 8 (Month) (Day) (Year)
6 DATE OF BIRTH Fully 22 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from May 2 1928 to May 28 , 1928 that I last saw have alive on May 28 , 1928.
36 yrs. 3 mos. 6 ds. or min.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory (Contributory (Duration) (Duration) (Duration) (Duration) (Duration) (Duration) (Duration)
OF FATHER OF FATHER OF FATHER (State or country) 12 MAIDEN NAME	(Signed) M. D. May 28 192 8. (Address) M. D. May 28 192 8. (Address) M. M. D. May 28 192 8. (Address) Means of Injury and Maths from Accidental, Suicidal or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the State yrs mos ds. Where was disease contracted, if not at place of death? Former or usual residence
(Address) Finel md. 15 May 30 1928 Uholman f. 6 rows Registrar	19 PLACE OF BURIAL OR REMOVAL TO UNDERTAKER 20 UNDERTAKER ADDRESS Toolking 1, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (0) (a) Foreman, tired 6 yrs). For persons who have no occupation er," etc., without more previous articles of the laborer, Farm laborer, Laborer—Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealto report specifically the occupations of persons en-Physician, Compositor, Architect, For many occupations a single word or term on especially in industrial employments, it is neces- (b) Cotton mill; (a) Salesman, (b) Grocery;
 man, (b) Automobile factory. The material Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly "PUERPERAL septicaemia," "PUERPERAL peritoritis, diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condivalvular heart disease; etc. The contributory of the

If this certificate is looked over thoroughly and all questions angwered in detail, it will prevent further correspondence. All the data is exential and must be obtained before the certificate is permanently filed.

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STATE OF MARYLAND CERTIFICATE OF DEATH

36

Registration Dist. No.

NAME Gelling Bruce	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give Its NAME instead of street and number.)
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH 30 , 192 8
(Month) (Day) , 1880	17 I HEREBY CERTIFY, That lattended the deceased from 1928 to 30, 1928, that I last saw h and alive on 30, 1928,
18 yrs. 2 mos. 6 ds. or min.?	and that death occurred on the date stated above, at
ssion or Farme	Repty - En ela garden - Gum
re of industry blishment in or (employer)	(Duration) yrs. 1 inosds.
Jam modan Dung	(Digitalion) yes mos. ds. (Signed) , Francis Wife, M. D. 192 8 (Address) Oris Case 9 711 2
untry) Mary earne	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Massay Danielo	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
untry) M.C.	At place of deathyrsds. In theyrsds. Where was disease contracted,
Ham A with	if not at place of dea.b?
Donneand me	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 2, 19 28
192 Sylia Jowan Registrar	Danker Curdum Consens
If more b.anks are needed, addres tate Kegistran	, 16 W. Saratoga St., Balto., Requesting V. S. Ivo. 1.

S. No. 1

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(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queser," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many state occupation at beginning of illness. If retired from g ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day

Statement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fover (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopncumonia (secondary) stated unless important. use of "Tumor" for malignant neoplasms); Measles; diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condiunqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association. approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; Chronic (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Example: Measles (disease etc. The contributory affection necd not be valvular heart disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURDAU V. S.

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WRITE PAINLY, WITH UNFADING INKTHIS IS A PERMANE	Every item of information should be carefully supplied. ACE should be CIANS should state CAUSE OF DEATH in plain terms so that it may be statement of OCCUPATION is very important. See instructions on back
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V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Sauell 13428	CERTIFICATE OF DEATH
111	Registration Dist. No./62
Village or City Of wellsvell (No.	St: Ward) (If death occurred in a hospital or institution, give its NAME in
2 FULL NAME & llo Marcello	Durst stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. Suigle Munale White (Write the word)	16 DATE OF DEATH Sec 2 1928 (Month) (Day) (Year)
6 DATE OF BIRTH Oct 11, 1913	17 S HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year) 7 AGE [If LESS than	that I last saw h alive on William, 192.0.
16- yrs. 2 mos. 10 ds. or min.?	and that death occurred on the date stated above, at 7.00 m. The CAUSE OF DEATH; was a follows:
B OCCUPATION (a) Trade, profession or Joing to school particular kind of work	
(b) General nature of industry C business, or establishment in which employed or (employer)	(Duration) yrs mos de
State or country)	Contributory Casus Secondary (Duration) Tra. mos 10 ds.
10 NAME OF Keury Durst	(Signed) M. A. Duvis M. D.
OF FATHER (State or country)	*State the ilisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
of MOTHER Lygie Miller	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Md	At place of death
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h? Former or usus! residence
(Address) Stantsvelle	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DICZ 31928
15 Filed NW 23 1928 6 74 Vill Registras	20 UNDERTAKER ADDRESS ADDRESS Smuteville
If more banks are needed, addre, a Ltate Kegistrar	. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is neces-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Screant, Cook, Housenuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a Never return "Laborer," "Forsman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, Physician, Compositor, Architect, Locomotive engineer, " etc., without more precise specification as Day report specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on Furm laborer, Laborer -- Coul mine, etc. Womman, (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the DIS-EASE AUSING DEATH (the primary affection with respect to time and equation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Enhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, Whooping cough; American Medical Association.) approved by Committee on Nomenclature Recommendations as fracture of skull, Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be on statement of cause of death Chronic and consequences (e.g., sepsis, Example: Measles (disease valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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	PLACE OF DEATH County Sarret	STATE OF MARYLAND CERTIFICATE OF DEATH
	4.	Registration Dist. No. 162
	Village or City Grantsville Mod (No.	St.: Ward) (If death occurred in a hospital or institu-
lficate	2FULL NAME Elis. Durst	tion, give its NAME in- stead of street and number.)
certif	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ok of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Dec 8th, 1928
ons on be	6 DATE OF BIRTH Mat 3 , 1563 (Month) (Day) (Year)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from Sec 6th 1928. to See 8th , 1928, that I last saw here alive on Sec 9th , 1928,
= 11	7 AGE 6 Jyrs. 9 mos. 3 ds. If LESS than 1 day hrs. or min.?	and that death occurred on the date stated above, at // @m. The CAUSE OF DEATH * was as follows: Chronic Myocarditio
ery important. See	(a) Trade, profession or Farmer (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF	(Duration) 4 yrs. mos ds. Contributory Secondary (Duration) yrs. mos 5 ds. (Signed) M. D.
OCCUPATION IS VE	FATHER II BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER OF MOTHER	*State the Disease Causing Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds.
statement of OC	(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address)	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
stat	(Address) Jawwww. Filed Dyll 9 1928 674 Quil Registrar	Deuse Cenelus 2-11, 1928 20 UNDERTAKER Montester youlsell 1, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
	if More Dianks are needed, address State Negistral	ou a

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery: (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed "," etc., without more precise specification as Day borer, Farm laborer, Laborer—Coal mine, etc. Womor At Home, and children, not gainfully cm-For many occupations a single word or term on

s; inal meningitis"); Dinhtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospina Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebro-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISto time and causation), using always the same acceptpneumonia, Bronchopneumonia ("Pneumonia,

> tetanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus,
> "Traemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaenia" (merely symptomcausing death), 29 ds.; L. stated unless important use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Committee on Nomenclature Chronic valvular heart disease, Example: Measles (disease :hopneumonia (secondary), etc. The contributory of the

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed. permanently filed. If this certificate is looked over thoroughly and all questions



V. S. No. 1

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PLACE OF DEATH	(5) STATE OF MARYLAND
County of auell	(9) CERTIFICATE OF DEATH
	Registration Dias No. /62
Village or City A Grantsorllano.	St.: Ward) (If drath occurred in a hospit I or institu-
2FULL NAME & Sabell &	tion, give its NAME i - stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. 10	16 DATE OF DEATH
demale White (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY That I attended the deceased from
(CL 30, 183	3 192 D. to face 1, 192 b
(Month) (Day) (Year)	that I last saw he alive on , 1920,
7 AGE If LESS tha	
95 yrs. 3 mos. // ds. or min	
B OCCUPATION (a) Trade, profession or particular kind of work	Clart disease
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration) yra, mos ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF Casher Deust	(Signed) (Duration) (Joseph M.D.
O II BIRTHPLACE	Jul 1 192 & (Address) Julie 1
OF FATHER (State or country) 12 MAIDEN NAME	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Unbliam	18 LINGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrsmosds. Stateyrsmosds,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
1.0 14	Former or usual residence
(Informant) Metatara Venge	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Santaville Hed	Duras Sumetary 1-12.1928
15 13 10 8 A 7 H VIII	20 UNDERTAKER ADDRESS
Filed Jun 1927 C Registrar	Mm Minterless growspelle.
If more branks are needed, address State Registr	ear, 16 W. Saratoga St., Balto., Requesting V.S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) nature of the business or industry, and therefore an additional line is provided for the latter statement; it cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of cupation is very important, so that the relative healthtired 6 yrs). Civil engineer, the first line will be sufficient, e. g., Farmer or Planter fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servoul, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the taborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, (b) Colton mill; (a) Salesman. (b) Physicion, Housemoid, etc. If the occupation has been changed to report specifically the occupations of persons enborer, Form laborer, Laborer—Coal mine, etc. Wom-Foreman, or At Home, and children, not gainfully em-For many occupations a Compositor, Architect, Locomoliuc engineer, neer, Stationary fireman, etc. But in many For persons who have no occupation (b) Automobile factory. The material single word or term on Grocery,

spinal meningitis"); Dinhtheria avoid use of "C fever (the only definite synonym is "Epidemic co Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid ed term for the same discuse. Examples: Cerebrospingl to time and causation), using always the same accep-EASE CAUSING DEATH (the primary affection with respec pneumonia, Branchopneumonia (", Pn Pneu

Junittee on Nomenclature of the perminanti filed. atic), "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Huemorrhage," "Shock," "Old Age," "Shock," 10 ds. stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, occident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Ansemia" (merely symptomcausing death), 29 ds.; Bronchopnoumonio (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinomu, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury "Uraemia," "Weakness," etc., when a definite disease (name origin; "Cancer" is less definite; avoid Whooping "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, cough; Chronic valendar heart disease; etc. The contributory

V. S. Ko. 1

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PLACE OF DEATH County 405432	(129)	STATE OF A CERTIFICATE Registration I	OF DEATH
Village or City Mcessless Mo. 2FULL NAME John X. Dust	<u>~</u>	St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MED	ICAL CERTIFICATE	OF DEATH
Male A COLOR OR RACE 5 SINGLE, MARRIED, Married WIDOWED. CR DIVORCED (Write the word)	16 DATE OF DEAT	H May	
6 DATE OF BIRTH May (Month) (Day) (Year)	that I last saw h	BY CERTIFY, That I att	1928. 1928.
B OCCUPATION B OCCUPATION A) I rade, profession or	The CAUSE OF DE		
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER	Contributory Secondary	(Duration)	yrs. mos ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	Violent Caus s, Accidental, Suicidental	Discase Causing Death, state (1) Means of Indial or Homicidal. RESIDENCE (For Hospi	or, in deaths from njury and (2) whether tals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ients or Recent At place of death yrs Where was disease of if not at place of o	mosds. In the State	teyrsmosds.
(Informant Henrice A. Securite (Address) Technical Med.	Former or usual resideace	nial OR REMOVAL	May 18, 1928
Filed 192 Registral Registral If more b.anks are needed, addross State Registrar	Miltord	razel, Balton Requesting V. S	Friendsville 5. No. 1. md.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Housetaborer Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Greery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: a additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary framan, et. But in many the first line will be sufficient, e.g. I amer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on yrs). without more precise specification as Day Compositor, For persons who have no occupation Architect,

spinal meningitis"); Diphtheria (avoid use of "Croup" fever (the only definite synonym is "Cpidemic cerebroed term for the same disease. Eramples: Cerebrospinal to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia" pneumonia Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcomu,, etc., of (name origin; "Cancer" is less definite; avoid approved by as fracture of skull, and consequences (e. g., sepsis, telanus) may be stated under the head of "contributory" carbolic acid-probably suicide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronehopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJUNY resulting from childbirth or miscarriage as cough; Committee on Nomenelature Chronic etc. valvular heart The contributory Meusles; disease;

sick II certificate is looked over thoroughly and all qu 'ions

permanently, file



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 BEvery item of mformation should be carefully supplied. ACE should be stated EXACTLY, PHY	CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Ex		1
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y ite	5 52	statement of OCCUPATION is very important. See instructions on back of certificate.	
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1PLACE OF DEATH	STATE OF MARYLAND
County Garrett	CERTIFICATE OF DEATH Registration Dist. No. / > /
Village or City Near Bittinger, No. 2FULL NAME Josiah Durst	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Married White White OR DIVORCED	July 16, 1928 , 192
6 DATE OF BIRTH (Month) (Day) (Year)	(Month) (Day) (Year)
7 AGE If LESS than I day hrs. or min.?	
B OCCUPATION (a) Trade, profession or fasmy particular kind of work	head on cement floor Accident
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration)yrsds.
10 NAME OF FATHER GENLY DOUGE	(Signed) 7. 17. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
OF FATHER (State or country)	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Seaherme French	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)

13 BIRTHPLACE

(State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

OF MOTHER

(lr	nformant)	a d	Kartha	Dans	7
	(Address)	Ree	iden	ح	
	2		1001	9	

Wm. Winterburg

Where was disease contracted, if not at place of dea.h?......

In the

Grantsville, Md.

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

At place of death

Former or usual residence

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Loborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the airst line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman. without more precise specification as Day (b) Automobile factory. The material For persons who have no occupation (6) Grocery;

spinal meningitis"); Diphtheria (avoid use of "Cropp"); 7
Typhoid fever (never report "Typhoid Pneumonia");
Lobar pneumonia, Bronchonneumonia "" ed term for the same disease. Examples: Corebrospinal to time and causation), using always the same accept 261 Statement of Cause of Death-Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect SAC

"Exhaustion," "Heart tanure,
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senilc," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcasles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping cough; American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

.--Every Item of Information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH In plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WITH UNFADING INK---THIS IS A PERMANE! MARGIN RESERVED FOR BINDING WRITE P

PLACE OF DEATH	
County Someth	_ 03011
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illage or City aothou	(No
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PERSONAL AND STATISTICAL	PARTICULARS
in male while OR	GLE, RRIED, OWED. DIVORCED Lugle te the word)
DATE OF BIRTH	
(Month)	21, 19/3 (Day) (Year)
AGE	If LESS than
/3 yrs mos	18 ds. or min.?
OCCUPATION (a) Trade, profession or Louis To	selvol.
(b) General nature of industry business, or establishment in which employed or (employer)	
BIRTHPLACE (State or country)	
10 NAME OF SEOTISE &	wist
11 BIRTHPLACE OF FATHER (State or country)	,
12 MAIDEN NAME Jula J	auper
13 BIRTHPLACE OF MOTHER (State or country)	
THE ABOVE IS TRUE TO THE BEST OF M	Y KNOWLEDGE
(Informant) That Tag	man-

County Sorrett 03011	STATE OF M CERTIFICATE	OF DEATH
(- N=	(3)	Dist. No. 178
Village or City Would (No	St.: Ward)	(If death occurred la hospital er institution, give its NAME instead of street annumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE O	PF DEATH
GEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH MON- (Month)	9 , 192 9 , -(Day) (Year)
Fel 21 , 19/3	17 I HEREBY CERTIFY, That I atte	ended the deceased from
(Month) (Day) (Year)	and that death occured on the date stated a	
ds. or min.? 3 OCCUPATION (a) Trade, profession or Joing to School (b) General nature of industry business, or establishment in which employed or (employer).	Shotgund accide Killed instantly (Duration)	
BIRTHPLACE (State or country)	Contributory Secondary (Duration)	yrs nos de
10 NAME OF FATHER LEOTZE DUST. 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF COUNTRY OF THE PROPERTY OF THE P	(Signed)	soille mos
OF MOTHER Jula faugeg 13 BIRTHPLACE OF MOTHER (State or country) MILE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For hospitalients or Recent Residents) At place of death, yrs, mos, ds. State Where was disease contracted,	als, Institutions, Trans
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Lagner	if not at place of death?	
(Address) Trustoning Mil.	M Gion Counters	Maria, 1928
Filed Mar //" 1928 See B Brown	20 UNDERTAKER	ADDRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

S. No. I

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REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

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spinal meningitis"; Diphtheria (avoid use of "Croup" Typhoid fever (never report "Typhoid Pneumonia") ed term for the same disease. Examples: Cerebrospina to time and causation), using always the same accept EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the Dis-(the only deficite synonym is "Epidemic cerebropneumoni'i. Bronchopneumonia ("Pneumonia,

> approved by Committee on stated unless important. Example: Measles (disease inges, perilonaeum, etc., Careinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory" "PUERPERAL septicaemia," "PUERPERAL peritonitis," "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
> "Exhaustion," "Heart failure," "Haemorrhage,"
> "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy" "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Whooping Recommendations on statement of cause of death Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage cough; Chronic etc. volvular heart Nomenclature of the The contributory Meosles ; disease ;

andwered in detail, it will prevent further correspondence. the data is essential and must be obtained before the certificate is permanently filed. If this certificate is I oked over thoroughly and all qu "flone

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PLACE OF DEATH County Zant	STATE OF MARYLAND CERTIFICATE OF DEATH
04224	Registration Dist. No. 168
Village or City Jerugel (No	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
(Month) (Day) (Year)	that I last saw in (AM alive on Lucie 26 , 1925,
7 AGE (If LESS than 1 day hrs. or min.?	and that death occurred on the date stated above, at /// KJ m. The CAUSE OF DEATH * was as follows: **Market Colored** **Mar
(a) Trade, profession or Ray Revised (b) General nature of industry business, or establishment in	(Durstion) yrs. mos. ds.
which employed or (employer) BIRTHPLACE (State or country) Allegary Ind	Contributory Secondary Duration yrs
10 NAME OF FATHER Yacob Bisless 11 BIRTHPLACE	(Signed) Lebruer M. D. 4/2/1928 (Address) 2 voxeburg
(State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 12 MAIDEN NAME Supplied 13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. Stateyrsmosds. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfients of the Stateyrsmosds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
(Address) Frostburg Ind	Johnson Cemetery afrel 24 1928
15 Filed april 23 1928 Oponicas Its 2000	20 UNDERTAKER

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). er," etc., without more precise specification as Lay laborer, Furm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Housenature of the business or industry, and therefore an Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealinner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on For persons who have no occupation Stationary fireman, etc. But in many Locomolive engineer,

Statement of Cause of Death—Name, first, the DISEASE CAUSENG DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Drcpsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, earbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease (secondary Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi interstitial nephritis, cough; " "Marasmus," "Old Age, or intercurrent) affection need not be Chronic ," "Coma," "Convulsions, etc. valvular heart disease The contributory " "Shock," of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 4 1928
BUREAU V.S.

hould be stated proper PERMANEN pe may (4) that ACE T. 80 supplied WITH UNFADING INK--THIS terms MARGIN RESERVED of information should be carefully uld state CAUSE OF DEATH in plai ATION IS Every item of inform CIANS should state statement of OCCUP? WRITE

Exact EXACTLY, F ECORD BINDING FOR

of certificate

instructions on back

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very important.

13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE

(Informant)

(Address)

1 _{DLA}	CE OF	DEATH	
County	rai	ميب	

STATE OF MARYLAND CERTIFICATE OF DEATH

Kegistration	Dist. No. / W
eine Eccoss	(If death occurred in a hospital or institution, give its NAME Instead of street an number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH	/3 , 192 X
	(Day) (Year)
17 I HEREBY CERTIFY, That I at	-
that I last saw h alive on C	
and that death occurred on the date state The CAUSE OF DEATH * was as follows:	
THE CAUSE OF BEATTE, Was as tollows.	
Chause bassus	- Klean
(Signed) 7. J. J. L.	
*State the Disease Causing Death Violent Causes, state (1) Means of I Accidental, Suicidal or Homicidal.	
1B LENGTH OF RESIDENCE (For Hospients or Recent Residents)	itals, Institutions, Trans
At place In the of deathyrads. Ste	e ateyrsmosds
Where was disease contracted, if not at place of death?	
Former or usual residence	Q
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Blammingion	10-16, 192
20 UNDERTAKER	ADDRESS

neThe les decensos

Village or City Ox PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED. 4 OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) 7 AGE IIFLES: I day mos. 8 OCCUPATION
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF 11 BIRTHPLACE PARENTS OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER

Registrar

THE BEST OF MY KNOWLEDGE

If more blanks are needsd, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from tired 6 yrs). Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemuil, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Woin-(b) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation 6 Grocery;

Statement of Cause of Death—Name, first, the DISEANS CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HONICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertlovidis," etc. can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," use of "Tumor" for malignant neoplasms); Measles; inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death lelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; FOR VIOLENT DEATHS State MEANS OF INJULY Chronic valvular heart disease etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Coun	ty PLACE OF DEATH 04225	(
Villag	go or City Kelzmille (No. ,	
	² FULL NAME furtur 1 / Summe	V7
	PERSONAL AND STATISTICAL PARTICULARS	
3 SE:	Tale Mhoh' WIDOWED Infant	16 DA
	TE OF BIRTH (Month) (Day) (Year)	that
7 AG	if LESS than 1 day,hrs, ORmin.?	and
o (b)	CCUPATION) Trade, profession, or ilicular kind of work) General nature of iodustry siness, or establishment in ich employed (or employer) RTHPLACE (State or country)	C
	10 NAME OF FATHER GIVEN COVERN	(Signe
PARENTS	11 BIRTHPLACE OF FATHER (State or country) Meneral bo muse	14
PAR	of MOTHER & Clegabeth Honny	16 LE
	13 BIRTHPLACE OF MOTHER (State or country) Janelle Mel	At pl
	(Informant)	ff no Form usuel
	(Address) A classically gud	19 p
16	4114 & (14 Bannell	20 U
File	20 7 / 191 0 A A A A A A A A A A A A A A A A A A	1

STATE OF MARYLAND CERTIFICATE OF DEATH

205-7

Registration Dist No /

uh 6		Registration Di	[It death occurred in a hospital or institution, give its NAME instead et street and number.]
	MEDICAL CI	ERTIFICATE	OF DEATH
16 DATE OF	DEATH	April (Month)	(Day) (Year)
lip.	EREBY CENTI		tended deceased from
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	OF DEATH *		a
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1000.0000000000000000000000000000000000		(Durstion)	778', mos. ds.
Contribe Secondar	utory	ens	/ mour
(Signed)	Juzin	(Puroties)	elhau
Stat CAUSES, SUICIDAL	A D	using Drate, or or Injury, and	, in deaths from VIOLENT (2) whether ACCIDENTAL.
At place	yrsmes	le the	INSTITUTIONS, TRANSIENTS,
Former or usuel residence.			
19 PLACE OF	CX M	d	CANULATED
20 UNDERT	aker &	lande	4 Blance

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

write None. 6 yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illuess. or given up on account of the disease causing neath, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant. Cook taken to report specifically the occupations of persons employed, as At school or At home Cure should be who receive a definite salary), may be entered as House-wife, Housework, or At Home, and children, not gair fully the duties of the household only (not paid Hanwhrepers precise specification as Day laborer, Form laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomolive engineer, business or industry, and especially in industrial employments, it is necessary to first line will be sufficient, c. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-(a) Salesman, (b) Grocery: (a) Foreman, Women at home, who are engaged in therefore an additional line If retired from (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Croup"), Typhoid fever (never report "Typhoid pneumonia"), Lobor preumonia ("Pneumonia,") Lobor preumonia ("Pneumonia,") to the preumonia indefinite): Tuberculosis of lungs, meninginal control of the preumonia indefinite):

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. e., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, OF HONICIDAL, OF as probably such, if impossible to determine definitely. Examples: Arcidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent beaths birth or miscarriage as "Puerperal soptichaemia,"
"Puerperal peritonitis," etc. State cause for which mus," "Old Age," "Shock," "Uraemia," "Weakness, genital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Con-"Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (discase causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstition "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum. etc., Carcinoma, Sarcoma, ccc., of..... when a definite disease can be ascertained as the by railway Always qualify all diseases resulting from child-The contributory (secondary or intercurtrain-accident; Revolver wound of "Dropsy," State cause for which Never report mere "Exhaustion,

if the certificate is losiked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
MAY 2 1928
BUREAU V. S

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PERMANE BINDING FOR 2 5 -THI RESERVED Z UNFALING MARGIN

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WRITE

PLACE OF DEATH

Registrat

STATE OF MARYLAND CERTIFICATE OF DEAT

700	Registra	tion D	ist. No.
Due	Theresel	Ward)	(If death oce a hospital cr tion, give its N stead of str number.)
LARS	MEDICAL CERTIFIC	ATE O	F DEATH
hivecal	16 DATE OF DEATH May	9	1928, 18 -(Day)_
, 1852 (Year)	that I last saw h the last saw h	امرا	9 1928
If LESS than I day hrs. or min.?	and that death occured on the date of the CAUSE OF DEATH * was as follows:		above, at 2 Mag
le	Derma - NAM		Heart
	Contributory Secondary	n),	yrs mos.
<i>y</i>	(Signed) 1928 (Address)	7m	
Peam	18 LENGTH OF RESIDENCE (For ients or Recent Residents) At place of death	In the	als, Institution
esh	19 PLACE OF BURIAL OR REMOVAL		DATE OF BU May 11/28
-1	20 UNDERTAKER		ADDRESS

Exact County properly classified. PERSONAL AND STATISTICAL PARTICULARS SINGLE, MARRIED, WIDOWED. 3 SEX 4 COLOR OR RACE it may be OR DIVORCED (Write the word) 6 DATE OF BIRTH Every Item of information should be carefully supplied ACE signals should state CAUSE OF DEATH in plain torms so that I statement of OCCUPATION is very important. See instructions (Month) (Day) 423 7 AGE supplied B OCCUPATION (a) Trade, profession or articular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER ARENT (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 80 more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

FOR BINDING O H STEER MARAM

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH 1 STATE OF STATE OF MILE THILLY

(Approved by U. S. Census and American Public Health Association.

er," etc., state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Framer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enplayed, as At school, or At home. Care should be taken den ite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Heal-Spinner, (b) Cotton mill; (a) Salesman.
(a) Foreman, (b) Automobile juctory. T should be used only when needed . As example : additional line is provided for the latter statement : it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stetionary fireman, et . But in many the first line will be sufficient, e g. I ermer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation Precise statement of ochousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomolive engineer or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, without more precise specification as Day Laborer-Coal mine, etc. factory. The materia 2 Throad)

spinal meningitis"); Diphtheria avoid u e of "Coup ed term for the same disease. Eramples: Cerebrospinal Statement of Cause of Death-Name, first, the DIS-Typhoid feser (never report "Typhoid Pneumonia" - Y to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect (the only definite synonym is " pidemic cerebraninonin Bronchopneumania ("Pneumonia.")

> as fracture of skull, and consequences (e.g., se, se, tetanus) may be stated under the head of "contributory". "PUERPERAL septicaemia," "PUERPERAL peritonitis," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. approved by (Recommendations on statement of cause of death carbolic acid-probably suicide. The nature of their jury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Debility" tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma,, American Medical Association.) Examples: Accidental drowning; Struck by railway train -(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Debility" ("Congenital," "Senile," etc.), "Drops," "Exhaustion," "Heart failure," "Haemorrhage," "Atrophy," "Collapse," "Coma," "Convulsions, Never report mcre symptoms or terminal condi-.. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJUNY Committee on Chronic Example: Meastes (disease etc. The contributory valvular heart Nomenclature of Always qualify all "Haemorrhage, Measles; disease; etc., of etc.

deficient defail, and defail, see the defendant of the default of answered in detail, it will prevent further correspondence. . . . the date is essential and must be obtained before the cartificate is If this certificate is looked over thoroughly and all quertions

BERT & NON

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PLACE OF DEATH County Land 05434	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. / 6
Village or City Brellin (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME irstead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Whate (Write the word)	16 DATE OF DEATH Mary 30", 1928
6 DATE OF BIRTH Sefet 19, 1869 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192, that I last saw h alive on 192,
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER	Contributory Secondary (Duration) yrs. mos ds. Contributory Secondary (Duration) yrs. mos ds. (Signed) M. Duration) M. Duration M. D.
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE	*State the I iscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place
OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant R) (Informant R)	of death
(Address) 15 Filed 5/30/28 192 Charles are needed, address tate Registrate	Dhuffy Tun May 3, 19 5 20 UNDERTAKEN ADDRESS ADDRESS ADDRESS ADDRESS Of May 19 5 19 5 19 5 19 5 19 5 19 5 19 5 19

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as any laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on For persons who have no occupation (b) Automobile factory. The material (b) engineer, Grocery;

feter (the only definite synonym is "Epidemic cerebrospinal spinal meningitis"; Diphlheria (avoid use of "Oroup");

Typhoid fever (never report "Typhoid Pnouron: "
Lobar pucumonia " EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DIS-

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," Exhaustion," "Heart failure," "Haemorrhage, "PUERPERAL septicaemia," "PUERPERAL peritonitis, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, earbolic acid-probably sucide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uracmia, (secondary or intercurrent) affection need not be Whooping cough; Chronie Chronie interstitial nephritis, approved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJUNY Recommendations on statement of cause of death Inanition, " "Marasmus," etc., when a definite disease
> Ilraemia, " "Weakness," etc., when a definite disease "Atrophy," "Collapse," "Coma," "Convulsions, Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all quistions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.—Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING

V. S. No. 1

PLACE OF DEATH County Sarutt 042	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Brundsville Mino. 2FULL NAME Junior Stanly.	St.: Ward) Auru (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Cond 10 th, 1928
• · · · · · · · · · · · · · · · · · · ·	17 I HEREBY CERTIFY, That I attended the deceased from 2 8 1928 to afen 10 th 1928 (ear) that I last saw him alive on March 31 St , 1928.
7 AGE If LESS I day. O yrs. O mos. // ds. or.	b than and that death occurred on the date stated above, at 4.30 Am. hrs. The CAUSE OF DEATH * was as follows:
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAME OF MOTHER 19 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 10 MAIDEN NAME OF MOTHER 11 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER 13 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 15 MAIDEN NAME OF MOTHER 16 MAIDEN NAME OF MOTHER 17 MAIDEN NAME OF MOTHER 18 MAIDEN NAM	(Signed) (Duration) yrs. mos. 3 ds. (Signed) (Duration) yrs. mos. 3 ds. (Signed) (Duration) yrs. mos. 3 ds. (Signed) M. D. Market of M. D. Market of M. D. M. M. D. M
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST/OF MY KNOWLEDGE	At place of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted. at place of death? Former or usual residence.
(Address) Industriel Md & Fr. S. Filed Ofer, 10 19228 Jasker Guard	19 BLACE OF BURIAL OR REMOVAL Land String, Com Cor 10, 1928 20 UNDERTAKEN ADDRESS
Zolak Registr	gistrar, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) whatever, write Nonc. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, tion applies to each and every person, irrespective of first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on Compositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many The ques-

EASE_CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by approved by as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important American Medical Association.) Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Exhaustion," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Recommendations on statement of cause of death .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-Committee on ngenital," "Senile," etc.), "Dropsy, "Heart failure," "Haemorrhage, Chronic Example: Measles (disease chopneumonia (secondary), The n .ture of the injury, etc. The contributory affection need valvular hcart disease; Nomenclature not be of the

d in detail, sessent's permanently fied. answered in detail, it will prevent further correspondence. All the data is essential and must be obtained hefore the certificate is If this certificate is looked over thoroughly and all questions

V. S. No. 1

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CIANS should state CAUSE OF DEATH in plain terms so that it may be properly class	statement of OCCUPATION is very important. See instructions on back of certificate.	
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PLACE OF DEATH	04227	600	STATE OF I	MARYLAND
County Sarretts	01441	154	CERTIFICATE	OF DEATH/
The state of the s		.1 1		116
hi #		NIX	Registration I	
Village or City of will (No)/	10	St.: Ward)	
01-1		2		tion, give its NAME in- stead of street and
2FULL NAME Peles Fee	iney	30	2 * * 0 * * 0 0 0 0 0 0 0 0 0 0 0 0 0 0	number.)
PERSONAL AND STATISTICAL PA	RTICULARS	MEDIC	AL CERTIFICATE O	OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGL		16 DATE OF DEATH	01	, 6
WIDOW	VED.	***************************************	Eggel	, 1920
Male Write (Write t	he word)	**************************************	(Month)	(Day)(Year)
6 DATE OF BIRTH		17 I HEREBO	CERTIFY, That I att	ended the deceased from
1 nknown) 1	11100 911	1928 . to	7 1928,
(Month)	Day) (Year)	that I last saw hu	alive on Mor	23 , 1928,
7 AGE	Ilf LESS than	and that death occur	rred on the date stated	above, at m.
alow	l day hrs.	The CAUSE OF DEA		
yrs. mos.	ds. or min.?		1	
8 OCCUPATION	A	Deb/serre	es Hoom	مـــــــــــــــــــــــــــــــــــــ
(a) Trade, profession or particular kind of work	ed	10-1	1 600	
(b) General nature of industry				
business, or establishment in which employed or (employer)		**************************************	(Duration)	yrsds,
		Contributory	-099	***************************************
9 BIRTHPLACE (State or country)		Secondary	(Duration)	vrs. Mos. ds.
TO NAME OF		mo	Clerela	reed
FATHER Gottoonew	Freenly	(Signed)	On	o de This
IN II BIRTHPLACE	1	192	(Address)	
OF FATHER Z (State or country)		Violent Causes	visease Causing Death, tate (1) Means of In or Homicidal.	or, in deaths from
TI 12 MAIDEN NAME	0-1-1	Accidental, Suicidal	or Homicidal.	()
of MOTHER Margaret	Viland	18 LENGTH OF RE		tals, Institutions, Trans-
13 BIRTHPLACE	1	At place	In the	
OF MOTHER (State or country)		of deathyrsn		eyrsmosds.
	NOWLEDGE	Where was disease cont if not at place of dear	racted, th?	
1	1	Former or	V	
(Informant) Mangaret	Fleney	usual residence	A	DATE OF BURLET
au de Hou	hid	19 PUACE OF BURIA	L OR REMOVAL	101/3
(Address)	1.76	AHI KAN	11/1	19
15 En April 11028 11014.	(Kourau)	20 UNDERTAKER	12 1 1/N	ADDRESS
Filed of June 1921	Registrar	(mous)	tolden UA	1/ HNA MA
If more blanks are needed, a	ddress State Registras	r, 16 W. Saratoga St.,	Balto., Requesting V. S	5. No. 1.

(Approved by U. S. Census and American Public Health Association.)

additional line is provided for the latter statement; it cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. gaged in domestie service for wages, as Screant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know eases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The ques-Statement of Oceupation-Precise statement of oclaborer, ete., For many occupations a single word or term on or At Home, and children, yrs). For persons who have no oecupation Farm laborer, without more precise specification as Day (a) the kind of work and also (b) the If the occupation has been changed Laborer--Coal mine, etc. person, irrespective of not gainfully em-6) Grocery, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) approved by (Recommendations on statement of cause of death as fracture of skull, and eonsequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; L. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Committee on Nomenclature of the Chronic Example: Measles (disease chopneumonia (secondary), etc. valvular heart disease, The contributory Always qualify all

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WRITE AINLY, WITH UNFAL ery item of information should be cause CAUSE OF DEAT atement of OCCUPATION is very improved.		(State or country) Hours Ind	(Duration) yrs
	S	10 NAME OF FATHER GIBLEUN	(Signed) Allens Danley
	ENT	OF FATHER (State or country) 12 MAIDEN NAME 14	*State the Discase Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Sulcidal or Homicidal.
	PAR	OF MOTHER martha flewett	18 LENGTH OF RESIDENCE (For Hospitals, Insients or Recent Residents)
		OF MOTHER (State or Country)	At place of deathyrsmosds. la the Stateyrswrs
	14	(Informant)	if not at place of dea.h?
		(Address) Deer Park md	Harfe Cewelry DAT
710 %	15	Filed Dug - 192 Lie M. Color G. Registras	Darland, Ma, Da
ż	=	If more banks are needed, addre.s Ltate Registrate	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

PLACE OF DEATH

6 DATE OF BIRTH

8 OCCUPATION

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which employed o 9 BIRTHPI ACE

3 SEX

7 AGE

U	7	6	5	2
		9	9	

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.:	Ward
. St.:	ward)

(If death occurred in a hospital or institu-tion, give its NAME in-

2FULL NAME JOS Sprus dergu	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married Widowed. Male White OR DIVORCED (Write the word)	(Mouth) (Day) (Year)
DATE OF BIRTH 20, 1/860 (Month) (Day) (Year)	17 I HEREBY CERTIFY. That I attended the deceased from May 1928, to July 10 , 1928, that I last saw h M alive on July 7 , 1928,
AGE Syrs. 2 mos. 9 ds. or min.?	
OCCUPATION (a) Trade, profession or granticular kind of work	Cardio - Vascular Rend Henry
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Mystassial Gruffssung
10 NAME OF FATHER SUPERVO	Secondary (Duration) yrs mos da, (Signed) M. D. (Address) Manual
OF FATHER (State or country) Md 12 MAIDEN NAME OF MOTHER MANTHA Jawitt.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Sulcidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrs
(Informant) (Address) (Address) (Address)	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKERY Bridge ADDRESS
Filed Mily - 192 Registras	Dakland, Ma, Vakland, Ma

S. No. 1

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more present of mine, etc. Wom-loborer, Farm laborer, Laborer—Coal mine, etc. Womfulness of various pursuits can be known. cupation is very important, so that the relative healthtired 6 yrs). state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Former (re-tired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, Housenwid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons cn-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Groeery; man, (b) Automobile factory. The material The ques-

Statement of Cause of Death—Name, first, the DISEAL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

delanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "E:haustion," "Heart range," "Old Age," "Shock," "Tomition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menapproved as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by (secondary American Medical Association.) Recommendations on statement of cause of Examples: Accidental drowning; Struck by railwoy troin-"Atrophy," "Collapse, perilonaeum, etc., Corcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid by Committee on Nomenclature of the cough; or intercurrent) affection need not be Chronic " "Coma," "Convulsions, etc. The contributory valvular heart disease; Measles ;

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V. S. No. 1

PLACE OF DEATH	07655 STATE OF MARYLAND
County Jessett.	CERTIFICATE OF DEATH
The state of the s	(129)
195	Registration Dist. No. 1
Village or City / 12 milles (No.	St: Ward) (If death occurred in a hospital or institu-
Un III	tion, give its NAME is-
2FULL NAMED Jamel Frank	lin Wichhow number.)
DESCONAL AND STATISTICAL PARTICULARS	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE. MARRIED, MARVILLE WILDOWED.	16 DATE OF DEATH
OR DIVORCED	July , 1920
Write the word)	(Month) (Day) (Year)
DATE OF BIRTH MALE A GO A 15 4	17 I HEREBY CERTIFY, That Jattended the deceased from
(C) 25 1.80S	1928 to fully 11 , 1925
(Month) (Day) (Year)	that I last saw h Lina alive on fully 1925,
AGE [If LESS than	and that death occurred on the date stated above, at 9:30
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	The CAUSE OF DEATH * was as follows:
yrsmosOds. ormin.?	Lufturiza
OCCUPATION (a) Trade, profession or	
particular kind of work Carpena	
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Duration) yrs. mos (O ds.
BIRTHPLACE	Contributory Secondary
(State or country)	(Duration) not thrown
10 NAME OF	1 /hos Brittenden
FATHER Unkam	(Signed) M. D.
11 BIRTHPLACE	July 12 1928 (Address) Perfymeller his
OF FATHER (State or country)	State the Disease Causing Death, et, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME	Accidental, Suicidal or Homicidal.
of MOTHER Catherns	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	At place In the
OF MOTHER (State or country) Can Prow	of deathyrsmosds. Stateyrsmosds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE,	Where was disesse contracted, if not at place of dea.h?
B as 1511	Former or
(Informant) with Chicken	19 PLACE OF BURIAL OR REMOVAL . DATE OF BURIAL
(Alling Mile	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) (Demonstration of the Address)	Kuymung Wa guy 3/3/928
Filedow 13 1928 a & Banick	20 UNDERTAKER OF ALONG DIRESS WWO
Registrar	Ollo Shapers Branne
If more banks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs;. For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material fulness of various pursuits can be known. The quesor given up on account of the DISEASE CAUSING DEATH, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Preeise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook ployed. us At school, or At home. Care should be taken definite salary, may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealto report specifically the occupations of persons en-," etc., or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day

stinal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cercbrospinal to time and causation), using always the same accept-Statement of Cause of Death-Name, first, the DIS Typhoid fever (never report "Typhoid Pneumonia"); EALE CLUSING DEATH (the primary affection with respect (the only definite synonym is "Epidemic cerebropneumonia, Bronchopneumonia ("Pneumonia,

> stated unless important. American Medical Association.) diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," approved by Committee on Nomenclature (clanus) may be stated under the head of "contributory." carbolic acid - probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), Whooping cough; Chronic valvular heart Chronic interstitial nephritis, etc. The con use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mon-(Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, (secondary Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) Example: Measles (disease etc. The contributory affection need not be disease;

permanently, filed. data is essential and must be obtained before the certificate is answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all questions

V. S. No. 1

Z. B.

	PLACE OF DEATH	STATE OF MARYLAND			
	County Hanelf	CERTIFICATE OF DEATH			
The state of the s	7	Registration Dist. No. / 68			
	Village or City Ungel (No. 1a	St.: Ward) (If death occurred i			
nicare	2FULL NAME Henry	Tion, give its NAME in stead of street an number.)			
cer	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
ack of	Male White Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)			
-	6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the decemed from			
0	ay 9 1846	March 192 8. to all 7 , 192 8			
5	(Month) (Day) (Year)	that I last saw h malive on Old (o., 1928.			
3	7 AGE [If LESS than				
0	82 yrs. 3 mos 2 ds. or min.				
	8 OCCUPATION	The formal of courting			
00	(a) Trade, profession or articular kind of work	COTES SECTION			
= 1	(b) General nature of industry				
a A	business, or establishment in which employed or (employer)	(Duration) yrs. mos de			
	9 BIRTHPLACE (State or country)	Secondary Gungreng at troot			
	10 NAME OF	Quration) yrs mos de			
2	FATHER Jahn Trengel	(Signed) M. D			
0	II BIRTHPLACE OF FATHER	192. (Address) / WWW 4/1			
	Z (State or country) Ilmany	*State the I'is ase Causing Death, er, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.			
	of MOTHER MAN Marguet Willia	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans			
	13 BIRTHPLACE	ients or Recent Residents) At place In the			
	(State or country)	of deathyrsds. Stateyrsds.			
	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?			
	(Informant) Tox Frenzel	Former or usual residence.			
	(Address) Frostbury my	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL			
	Filed Der 9 1928 Thomas & prowe Registrar	20 UNDERTAKER ADDRESS Troothing			
	If more branks are needed, addres State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.				

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Luglaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil sugineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed as At school, or At home. Care should be taken (a) Foreman, Physician, Compositor, Architect, Locomotive engineer, tion applies to eich and every person, irrespective of Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealor At Home, and children, not gainfully em-For many occupations a single word or term on especially in industrial employments, it is neces-(b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease "Debility" ("Congenital," "Semile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of tctanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly "PUERPERAL septicaemia," "PUERPERAL perilonitis, can be ascertained as the cause. Always qualify ali "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), use of "Tumor" for malignant neoplasms); American Medical Association. approved by Committee on as fracture of skull, and consequences (e. g., sepvis, carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia, "" "Weakness," etc., when a definite disease (secondary Whooping cough; Chronic Chronic interstitial mephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death "Atrophy," "Collapse, Never report mere symptoms or terminal condior intercurrent) ," "Come," "Convulsions, etc. The contributory affection need not be valvular heart disease; Nomenclature Measles;

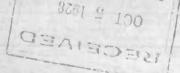
If this certificate is looked over thoroughly and a'l questions answered in detail it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

A stillbirth must be registered both as a birth and death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e.g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionory fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner. (b) Cotton mill. (a) Salesmon, (b) Grocery, (a) Foremon, (b) Automobile foctory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day Laborer, Farm loborer, Laborer-Coal mine, etc. Women at home who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife. Housework or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Former (retired 6 yrs.) For persons who have no occupation whatever write None.

Statement of cause of death.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term of

the same diseases. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pncumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sorcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Meosles, Whooping cough, Chronic valvular heart disease: Chronic interstitiol nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Meosles (disease causing death), 29 ds.: Bronchopneumonia (secondary), 10 ds. Never report more symptoms or terminal conditions, such as "Asthenia," "Anaemia," (merely symtomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," ctc., when a definite disease can be ascertained as the cause. Always quality as "PUERPERAL septichoemia." "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS of INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such if impossible to determine definitely. Examples: Accidental drowning; Struck by railway trainoccident; Revolver wound of head-homicide; Poisoned by corbolic acid-Probably suicide. The nature of the injury, as fracture of skull, and consequences (e.g., sepsis, tentanus) may be stated under the head of "Contributory."



Space for additional information by physician

HYSI-Exact

Cour	PLACE OF DEATH 05435	STATE OF MARYLAND CERTIFICATE OF DEATH
/		Registration Dist. No. 161
Village	or City Thundsville (No. 2FULL NAME David A. Fo	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
Р	ERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day) // (Year) (Year)
6 DATE	OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 / to 192 / 19
7 AGE	SL yrs. 6 mos. 28 ds. or min.?	and that death occurred on the date stated above, at
(b) Go busine which	rade, profession or farmer ular kind of work eneral nature of industry ess, or establishment in employed or (employer) APLACE ate or country) Larrett Co Mid	Contributory Secondary (Duration)
F	NAME OF Elijah Forend	(Signed) M. D.
ENTS	(State or country) MAIDEN NAME CO	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
13	BIRTHPLACE OF MOTHER (State or country)	At place of desth yrs mos ds. State yrs mos ds. Where was disease contracted.
	ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, We place of deaths if not at place of desite? Former or usual residence
(In	(Address) Freshoulle R.T.D.	Blooming Rose Cem May 15-, 1928
File	d May 14=1928 Jasper Guard - Rogistrar	Carl & Harned Hazellin
	If more blanks are needed, address State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. Non. West Ca.

STATE OF MARYLAND CERTIFICATE OF DEATH

3.

rend	St.: Ward)	(If death occurred in a hospital or institu- tion, give its NAME is- stead of street and number.)
MEDICAL	CERTIFICATE C	OF DEATH
16 DATE OF DEATH		
	(Month)	(Day) // (Year) 28
17 I HEREBY C	ERTIFY, That I atte	ended the deceased from
Dee	192.7. to Ins	, 192 8
that I last saw h have		, 192 8
and that death occurred		above, at 8 m.
The CAUSE OF DEATH	* was as follows:	Sheenely
	/	//
90.000-91191 0099900000000 9000 00000 00 00 00 00 00 00 00 00 00 00		, , , , , , , , , , , , , , , , , , ,
	<i>'</i>	·
Contributory Secondary	Merial &	esserved.
(a. b. A.)	Duration)	yrsmgsds.
(Signed)		M. D.
	(Address) Doath	or in deaths from
Violent Causes, state Accidental, Suicidal or	(1) Means of Inj Homicidal.	or, in deaths from ury and (2) Whether
		als, Institutions, Trans-
ients or Recent Resid At place	In the	
of desthprsmos.		1 for
Where was disease contract if not at place of desth?	ed. Wr place	
Former or U	anal resi	Sdence
Slummy 1	n	May 15-, 1928
20 UNDERTAKER		ADDRESS
Carl &	Harned	Hosellow :

N. B.-

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. laborer, Spinner, should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Househeepers who receive a er," etc., Never return "Laborer," "Foreman," "Manager," "Deal-(a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. tion applies to each and every person, irrespective of Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-(b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material If the occupation has been changed -Coal mine, etc. Wom-(b) The ques-Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. (secondary Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles, inges, perilonaeum, etc., Carcinoma, Sarcoma, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiresulting from childbirth or miscarriage cough; or intercurrent) affection Chronic Example: Measles (disease chopneumonia (secondary), valvulor heart disease; etc. The need not be contributory etc., 01

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

C. S. No. 1

PLACE OF DEATH County Sorring 03012	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 7
Village or City Concern (No	St.: Ward) (If death occurred is a hospital er institution, give its NAME in stend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE 5 SINGLE. MARRIED WIDOWED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH Upri 25 - 1868	17 I HEREBY CERTIFY. That I attended the deceased from 1928 to May 1928 that I last saw hardler on 1928
(Month) (Day) (Yest) 7 AGE 5 (and that death occured on the date stated above, at the The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Care brue Howarkey 2 (Duration) yrs m > de
(State or country) 10 NAME OF FATHER 50 11 BIRTHPLACE	(Signed) Mos (Address October 1928) (Address October 1928)
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	*State the Discase Causing Death, or, in deaths from Violent Cause, state (1) Meens of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or country)	ients or Recent Residents) At place of death yes mos. ds. In the State yes mos. ds. Where was disease contracted,
(Informant) (Address)	if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL AND
15 Fild M. 11 192 & Islia Roman Registrai	Mont Bolden OATHAND. MC
If more blanks are needed, address State Registra	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

WARGIN BESERVED FOR BINDING

B. - Evo vittem of information should be expected and and ACE should be sisted EXACTLY. PHYSI-KECORD FULL MILH MULTENC MK -- THIS IS Y BESWAYE MRITE

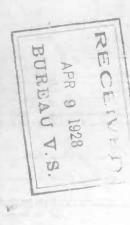
REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

or given up on account of the DISPASE CAUSING DEATH, state occupation at beginning of illness. If retired from should be used only when needed. As examples: " sary to know (a) the kind of work and also (b) the nature of the business or indistry, and therefore an ployed, as At school, or At home. Care should be taken Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement: it Civil engineer, Stationary fireman, et . Buyun many fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus ; Farmer (regaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of pergons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer (a) Foreman, cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every cupation is very important, so that the relative health whatever, write None. Housemaid, etc. worked on may form part of the second statement. Never return 'Laborer,'" (Foreman," "Manager," 'Deal-Physician, Compositor, Architect, etc., For many occupations a single word or term on or At Home, and children, not gainfully em-युगड). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise For persons, who have no occupation (b) Automobile factory. The material If the occupation has been changed person, irrespective of specification as Day Locomolive engineer, (b) Grocery;

Statement of Cause of Dearh—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same diselse. Bramples: Cerebrospinal fever (the only definite synonymis "Spidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"; Lobar meumonia Bronchopneumona ("Pneumonia";

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory, can be ascertained as the causer Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), inges, perilonaeum, etc., Carcinoma, Sarcomu,, etc., of approved by Committee on Nomenclature of the (Recommendations on statement of cause of carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-(secondary or use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, Whooping American Medical Association.) Examples: Accidental drowning; Struck by railway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJUNY interstitial nephritis, cough , intercurrent) affection need not be Chronic and consequences (e.g., sepsis, etc. valvular heart disease; The contributory Measles ;



V. S. No. 1

N. B.

	PLACE OF DEATH County Farm	STATE OF MARYLAND CERTIFICATE OF DEATH
		Registration Dist. No. 16 6
cate.	Village or City Tresto,	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in-
1110	2FULL NAME Jacob J., True	number.)
cer	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack or	MARRIED, MOUNTER OR DIVORGED OR DIVORGED (Write the word)	16 DATE OF DEATH Ma. 5, 1928
a no snoi	6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h an alive on Mar 5, 192 8,
Instruct	7 AGE	and that death occurred on the date stated above, at 2:00 Pm, The CAUSE OF DEATH * was as follows:
200	(a) Trade, profession or Parmer Parmer	line mortabet
rtant.	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosds.
odu	9 BIRTHPLACE (State or country) Mary Cand	Contributory Secondary (Durstion)
very	FATHER Obediale Friend	(Signed) 72 S. Bandwafer M. D.
201	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Z Z	of MOTHER Javina Markley 13 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
3	OF MOTHER (State or country) (MRNown	At place of death
10 1110	(Informark) H. W.	Former or usual residence
200	(Address Crellin, Ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Mae 7, 1928
n.	15 Filed 3- 7 192 Julia Rowan Registrar	20 UNDERTAKER ADDRESS ADDRESS ADDRESS ORNERIA MA

If more blenks are needed, address State Registrar, 16 W. Seretoga St., Belto., Requesting V. S. Na. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekcepers who receive a en at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of or At Home, and children, For many occupations a single word or term on yrs). Farm laborer, Laborerwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the (6) If the occupation has been changed Automobile factory. The material -Coal minc, etc. Wom-Locomotive engineer, not gainfully em-But in many (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-BASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros: inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> tetanus) may be stated under the head of "contributory." carbolic acid—probably suicide. In anture of the injury, as fracture of skull, and consequences (e.g., scpsis, "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always quality all atic), "Arrophy, """ ("Senile," etc.), "Dfopsy," "Debility" ("Congenital," "Senile," etc.), "Dfopsy," "" ("Erhaustion," "Heart failure," "Haemorthage," "Chad."" stated unless important use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by roilway traintaken. Whooping (secondary or intercurrent) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY death), 29 ds.; L. by cough; Committee on Chronic Example: Measles chopneumonia (secondary) affection need etc. valvular heart Nomenclature of the The contributory Measles ; disease; (disease not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



V. S. No. 1

PLACE OF DEATH County Sarrell	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City While Rock (No. : : 2FULL NAME John Hasley	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH , 1928 , 1928 , (Month) 22 (Day) , (Year)
6 DATE OF BIRTH AW. 12, 1855 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192, 192, 192, 192, 192, 192, 192, 192,
7 AGE 1 day hra. 1 day hra. 1 day or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Many Lound	no faither information cuts fit. mos. ds. Contributory Secondary (Duration) yrs. mos. ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country) 12 MAIDEN NAME	(Signed) M. D. 7 1928 (Address) Membership Market
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) On enough	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant) Henry U. Diens (Address) Jundsville, Mos Pros.	Former or usual residence. 18 PLACE OF BURIAL OR REMOVAL Date Of BURIAL Det, 25, 1928
Filed Filey 24=1928 Jasper Guard Registrar	20 UNDERTAKER HODRESS Friendsülle
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public ... Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from additional line is provided for the latter statement; it the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthto report specifically the occupations of persons enworked on may form part of the second statement. r, , etc., Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on Farm laborer, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Laborer-Coal minc, etc. Wom-Locomotive engineer, (6) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> stated unless important telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-ho nicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia, "Inanition," "Heart failure," "Haemorrhage," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," Exhaustion," "Heart failure," "Haemorrhage, American Medical Association.) approved by as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. (secondary Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid ingcs, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as "" "Weakness," etc., when a definite disease or intercurrent) affection need not be Committee on Nomenclature Chronic valvular heart disease; Example: Measles (disease chopneumonia (secondary), etc. The contributory

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V. S. No. 1

PLACE OF DEATH County County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 161
Village or City Grundsville (No.) 2FULL NAME LAWTENCES LESS	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH July 5th, 1928 (Month) (Day) (Year)
6 DATE OF BIRTH July Dul, 1928	1928 to suly 5th, 1928,
(Month) (Day) (Year)	that I last saw h fundive on 1928,
7 AGE If LESS than I day hrs. yrs. mos. 3 ds. or 45 min.?	and that death occurred on the date stated above, at
(a) Trade, profession or Character particular kind of work	Alletosis
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Australian descendent of Placetin
10 NAME OF LAWRING Leslie Reserved	(Signed) V. C. Medrow M. D. My 5th 1928 (Address) Friendsville mos.
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Davague 13 BIRTHPLACE OF MOTHER OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the State yrs mos ds.
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or
(Address) French Torred	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed July 6 1928 Jasper Incul	20 UNDERTAKER ANDERESS CADERESS
	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many whatever, write None. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Caal mine, etc. (b) Cotton mill; (a) Salesman, without more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation 6 If the occupation has been changed Automobile factory. The material (6) Grocery,

Statement of Cause of Death—Name, first, the DIST EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia,")

approved telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "(Inanition," "Marasmus, Quarke, "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important Example: Measles (disease American Medical Association.) (Recommendations on statement of cause of death Examples: Aecidental drowning; Struck by railway train State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. shopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Careinoma, Sarcoma, etc., o Never report mere symptoms or terminal condiby Committee on Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH County Carrett 03014	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 161
Village or City Friedwillow Kathan	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH , 192 ,
6 DATE OF BIRTH 200 0 , 1849	17 I HEREBY CERTIFY, That I attended the decords from 192 to March 9, 192 8, that I last saws h 27 alive on Wilh 9 192 8.
(Month) (Day) (Year) 7 AGE Street Control of the control of	and that death occurred on the date stated above, at 9.30 A m. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Bronchilis Sollowing Hul
business, or establishment in which employed or (employer)	(Duration) yrs. mos ds.
9 BIRTHPLACE (State or country) Grand	Contributory Secondary (Durstion) yrs
10 NAME OF FATHER Johnson M Torend	(Signed) M. D. M.
C (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Larah U. Jambiettel	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos, ds. In the State yrs mos ds. Where was disease contracted, Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	where was disease of death? Former or usual residence Manal Russelence Where was disease of death? Former or usual residence Manal Russelence
(Address) Horfanjown W. Ya	Thereof accepting Mar 14, 1928
Filed Mar 13 = 1928 Jasper Gyard Registrar	20 UNDERTAKER ADDRESS ADDRESS THERESTILL
If more blanks are needed, address State Registra	er, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census 2nd American Public Health Association.)

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, House-Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the laborer, er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Wom-For persons who have no occupation (b) Automobile factory. The material The ques-Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros: inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," "Dobar pneumonia, Bronchopneumonia ("Pneumonia,"

> inges, "Uraemia," "Weakness," etc., when a definite disease tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Exhaustion," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. stated unless important (secondary or intercurrent) Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by American Medical Association.) (Recommendations on statement of cause of death Whooping "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; Committee on Nomenclature "Heart failure," "Haemorrhage," Chronic Example: Measles (disease chopneumonia (secondary), etc. The contributory affection need valvular hcart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fled.

7. S. No. 1

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	N RECC	stated EXA properly cl
MARGIN RESERVED FOR BINDING	WRITE PARLY, WITH UNFADING INKTHIS IS A PERMANEN RECC	Every Item of information should be carefully supplied ACE should be stated EXA CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classistement of OCCUPATION is very important. See instructions on back of certifical
ED FOR	THIS IS A	plied ACE ms so that instruction
RESERVI	NG INK	arefully sup in plain ter
MARGIN	I UNFADI	DE DEATH very impo
	LY, WITH	mation she CAUSE
	E P	of infor
•	WRITE	Every Item CIANS sho

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County Dakrett	Registration Dist. No.
Village or City Kennytow (No.	Sta Ward) (If death occurred in a hospital or institu-
2FULL NAME Jennie Fulm	tion, give its NAME in- etend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 HINGLE, MARRIED, Married WIDOWED, WIDOWED (Write the word)	18 DATE OF DEATH 26 , 192 (Month) (Day) (Year)
Sept 16, 1843	17 I HEREBY CERTIFY, That I attended the deceased from 201 76 1928. to Nov. 76 1928, that I last saw h Malive on Nov. 26 1928.
7 AGE 85 yrs. 2 mos. 10 ds. or min.?	and that death occured on the date stated above, at 10 30 Pm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	Chronic myocardetist
(b) General nature of industry usiness, or establishment in which employed or (employer)	(Duration) yrs nos de
9 BIRTHPLACE (State or country) West Virginia	Contributory Secondary (Durstion) yrs
10 NAME OF John Green	(Signed) M. J. Riley M. D. Mor 26 1928 (Address) Kenytons WVG
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME &	*State the Disease Causing Death, or, in deaths from Violent Caus.s, state (1) Means of injury and (2) whether Accidental Suicidal or Homicidal.
of Mother Cligabeth Baruhouse	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country) Mest Virginia	At place of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Mrs Susan Long (Address) Kiray tow Ms	usual residence 19 PLACE OF BURIAL OR REMOVAL The count Valley Nov 29, 1928
Filed Nov 25, 19228, Virginia M. Harvey	20 UNDERTAKER Later Daeris, W. Vo
If more blanks are needed, address State Registrat	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of cupation is very important, so that the relative health Spinner, (b) Collon mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, c. g.. Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer. Physician, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of definite salary), may be entered as Housewife, Housewhatever, write None. Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Stationary fireman, etc. But in many For persons who have no occupation Locomotive engineer, persons en-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "uphoid fever (never report "Typhoid Pneumonia"; "-obar pneumonia, Bronchopneumonia ("Pneumonia,")

"(Exhaustion, " "Heart Ianue, "Old Age, " "Shock," "Inanition, " "Marasmus, " "Old Age, " "Shock," "Uraemia, " "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasus); Measles inges, perilonaeum, etc., diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, mencan be ascertained as the cause. Always qualify all as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-American Medical Association.) approved by (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, intersti'ial nephritis, Committee on Nomendature Chronic Carcinoma, valvular heart disease; etc. The contributory Sarcoma,, etc., of

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEAT	r H
County Navr	PH
ounty	7

06537

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 170

ald

2 FULL NAME Woah S	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH Dec. 27, 1844 (Month). (DAY) (Year)	that I last saw h malive on June 28 1928
83yrs. 6	The CAUSE OF DEATH & was as follows:
s OCCUPATION (a) Trade, profession or Relived Miller particular kind of work Relived	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs, Inco. do
9 BIRTHPLACE (State or country) Mary Land	Contributory Contr
11 BIRTHPLACE OF FATHER (State or country) Maryland.	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury: and (2) whether Accidental, Suicidal or Homicidal,
12 MAIDEN NABELLEU Robertson 15 BIRTHPLACE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients, or Recent Residents)
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE REST OF MY KNOWLEDGE	At place in the of death yrs. mos. da. State, yrs. mos. da. Where was disease contracted, if not at place of death?
(Informant) MAN & Trackeyes	Former or partial or REMOVAL DATE OF BURIAL
Filed July 1 1928 Gles Brown	Sant am July 213 20 UNDERTAKER ADDRESS
** more blanks are needed, address State Registrar.	16 W. Saratora St., Balto, Requestive V. No. 1

(Approved by U. S. Ceusus and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus: Furmer (reor given up on account of the disease carsing death, Housemaid, etc. gaged in domestic service for wages, as Screaul. Cook, ployed, as At vehool or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a eu at home, who are engaged in the duties of the laborer, Farm laborer, Laborer Never return "Laborer," "Foremau," "Manager." "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an worked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; sary to know (a) the kind of work and also (b) the cases, specially in industial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various parenits can be known. capation is very important, so that the relative healthreport specifically the occupations of persons eu-Statement of Occupation - Precise statement of oc-Foreman, (b) Automobile factory. The material etc., without more precise specification as Day 01. For many occupations a single word or term on 11.8.). 1 Home, and children, not gainfully em-For persous who have no occupation If the occupation has been chauged -Coal mine, etc. Wom-The ques-

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Choup").

> negri ture quenees /w can be ascertained as the cause. Nomendarine of the American Medical Association.) Poison as probabl and qualify as accidental, suicidal, or Homicidal, or "Puerperal septicuemia," "Puerperal peritonitis," etc. diseases resulting from childbirth or misearriage as "Uraemla," "Weakness." etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." symptomatie), "Atrophy," "Collapse," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal 11.0.11 State cause for which surgical operation was undervulsions," causing death). 25 ds.; Bronchopneumonia stated unless important. Example: Mensles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory (name origin; "Caneer" is less definite; avoid mges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menof "Tumor" for malignant neoplasms); Meastes; FOR VIOLENT DEATHS STATE MKANS OF INJURY conta butor. wideat; Revolver seound of head-homicide; cause of death Wateh if impossible to determine definitely. "Debility" cough; scridental drowning; Struck by railway it in a fracture of skull, and consecarbolic acid-probably suicide. The unscpsis, Chronic valvular heart ictanus) may be stated under the ("Cougenital," "Senile," etc.), approved by Committee (Recommendations on state-Always qualify all "Coma," "Con-"Haemordiscase; (merely (second-

If this certificate is looked over thoroughly and all questions answered in ficial, it will prevent further correspondence. All the data is seential and must be obtained before the certificate is recruancely filed.

B.-Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE Of DEATH in plain torms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD NLY, WITH UNFADING INK--THIS IS A PERMANEN WRITE P

MARGIN RESERVED FOR BINDING

9. S. No. 1

MARRIED, Midawed Wildows on Divorced (Write the word) 6 DATE OF BIRTH (Morph) (Day) (Year) 7 AGE MARRIED, Midawed (Wildows of Divorced) (Wildows of Divorced) (Year) 17	St.: Ward) (If death occurred in a hospital or institution, give its NAME instend of street and number.) MEDICAL CERTIFICATE OF DEATH
3 SEX Verrale (Morph) (Day) (Year) 7 AGE Verrale V	MEDICAL CERTIFICATE OF DEATH
MARRIED, Modern Wildows of Wildows of Divorced (Write the word) 6 DATE OF BIRTH (Morph) (Day) (Year) 7 AGE [If LESS than I dayhrs. or min.?] 8 OCCUPATION (a) Trade, profession or particular kind of work. (b) General nature of industry business, or establishment in	
7 AGE (Morot) (Day) (Year) 7 AGE (If LESS than I day, hrs. or min.? B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	B DATE OF DEATH (Month) (Day) (Year)
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	HEREBY CERTIFY, That I attended the deceased from 192 to Auril 24, 1928, that I last saw here alive on April 23, 1928,
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	he CAUSE OF DEATH * was as follows:
business, or establishment in	Mephrilis
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs mes de
10 NAME OF Galam Stark (S	Signed Mille Marca Miller Mill
OF FATHER Z (State or eountry) Germany	*State the Discase Causing Death, or, in deaths from Violent Caus s, stato (1) Means of Injury and (2) whether Aceldental, Suicidal or Homicidal.
of MOTHER AST Known 18	8 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) In the
OF MOTHER (State or country) W	At place In the f death yrsmosds. State yrsds Where was disease contracted, f not at place of death?
(Informant) Emery Georg 19	f not at place of death? Former or sual residence
Filed Upr. 26 1928 A Professor Registrar, 16	ADDRESS ADDRESS

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INDING	THIS IS A PERMANEN RECORD	upplied ACE should be stated EXACTLY, PHYSIerms so that it may be properly classified. Exact e instructions on back of certificate.
VED FOR BINDING	-THIS IS A I	pplied ACE sorms so that i

ly classified. Exact	PLACE OF DEATH County & aucht 03015 Village or City account (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.: Ward) St.: Ward) St.: Ward) Cangle (If death securred in a hospital er institution, give its NAME instead of street and number.)
oper	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
be st be pr ck of	3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCE (Write the word)	16 DATE OF DEATH 3/ 1928 (Month)— (Day) (Year)
CE should nat it may ons on ba	6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw hun alive on Man 30, 1928.
plied AC ms so the instructi	7 AGE July 1 day hrs. or min.?	and that death occured on the date stated above, at 1009 m. The CAUSE OF DEATH * was as follows: [Manine Sulustileal]
of information should be carefully sup and state CAUSE OF DEATH in plain ter f OCCUPATION is very important. See	B OCCUPATION (a) Trade, profession or Hayand particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. tops de
	9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE	Contributory Secondary (Duration) (Signed) (Signed) (Address) (Duration) (Duration) (Signed) (Signed) (Address)
	OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Withering Conditione 13 BIRTHPLACE	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transferts or Recent Residents)
	OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs mos ds. State yrs mos de. Where was disease contracted, if not at place of death?
CIANS shou	(Informant) William Sleage (Address) Scriclent mol. 15 Filed Ahr. 2 1928 a. J. Bichter	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Long Special 3, 192 S
20	Registra: If more blanks are needed, addrosa State Registrar	, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

S. No. 1

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: 'a) sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Mever return 'Laborer,'" "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation Form laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day (b) Automobile factory. The in:rterial Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accept-ced term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect / Statement of Cause of Death-Name, first, the D (the only definite synonym is "Epidemic cerebro" pneumonia. Bronchopneumonia ("Pneumonia."

> tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mcre symptoms or terminal condicausing stated unless important. Example: Meusles (discase Chronic interstitial nephritis, inges, peritonaeum, etc., Carcinoma, Sarcona, etc., of accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Meusles; unqualified, is indefinite); Tuberculosis of lungs, menapproxed by Committee on Nomenclature of as fracture of skull, and consequences (e.g., sepsis, curbolic acid—probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train Whooping (Recommendations on statement of cause of death American Medical Association.) (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, death), 29 ds.; Bronehopneumonia (secondary) resulting from childbirth or miscarriage cough; Chronic etc. affection need not be valvular heart disease; The contributory

data is essential and must be obtained before the cartificate in answered in detail, it will prevent further correspondence. A. Ithe

permanently filed.

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STATE OF MARYLAND

County	Registration Dist. No.		
Village or City Deceased 7882	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3 9EX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the decessed from		
(Month) (Day), 1856	mul 1928. to afr 16 , 1928, that I last saw hour alive on afr 16 , 1928,		
72 yrs. 2 mos. 16 de. or min.?	The CAUSE OF DEATH * was as follows:		
B OCCUPATION (A) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	Oheans Calterine Tleash A		
which employed or (employer) 9 BIRTHPLACE (State or country) Mary earth	Contributory Secondary Office (Duration) 1 yrs mos ds		
10 NAME OF FATHER LOUISING Broger	(Signed) D. J. Bas arafus M.D. Opn 17 1928 (Address) Oa Land Hill		
OF FATHER Z (State or country)	*State the Disrase Causing Death, or, in deaths from Violent Caus. s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.		
of Mother Wasy Jan Kan Laryer	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)		
OF MOTHER (State or country)	At place In the State yrs mos ds. State yrs ds.		
(Informant) Pakes George	if not at place of death? Former or usual residence.		
(Address) Daneaus ml	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OF SURIAL O		
15 Filed 4- 20 192 & Julia Kowan	Dalder Gerele laser & Oaklaser re		

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

9. S. No. 1

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(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Greery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, c. g.. Furmer or Planter, fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken er," etc., William Laborer, Laborerworked on may form part of the second statement. Never return 'Laborer,'" "Foreman," "Manager," "Deulshould be used only when needed. As examples : (a)nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the dutics of the report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day arm laborer, Laborer—Coal mine, etc. Wom-Compositor, For persons who have no occupation Architect, Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Jobar pneumonia. Bronchopneumonia ("Pneumonia,");

> inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; atic), "Atrophy." "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease tetunus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) (secondary or intercurrent) approved by Committee on Nomenelature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Wcakness," etc., when a definite disease "Inanition, Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train American Medical Association.) Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY " "Marasmus," "Old Age," "Shock," cough; Chronic etc. affection need not be valvular heart Always qualify all The contributory discase

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

CEIV AY 9 1928 BEAUV

Village or City Pakland (No. / ar	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist No. (If death occurred in a hospit t or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED. OR DIVORCED (Write the word) 6 DATE OF BIRTH	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day) (Year)
yrs. 6 mos. ds. or min.? DOCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry pusiness, or establishment in	and that death occurred on the date stated above, at
which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country) 15 MAIDEN NAME OF MOTHER (State or country)	Contributory Secondary (Duration) (Signed) *State the l'iscase Causing Death, or, in deaths from Violent Causes, state (1) Means Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yis mos ds.
(Information of the Best of MY KNOWLEDGE (Address) alland Md (Address) 192 bliaflowan Filed 192 bliaflowan Registrar If more branks are needed, address State Registrar	Where was disease contracted, if not at place of dea.h? Former or usual residence P PLACE OF BURIAL OR REMOVAL P P P P P P P P P P P P P P P P P P P

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocen at home, who are engaged in the duties of the worked on may form part of the setond statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary firemon, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of tired 6 yrs). state occupation at beginning of illness. If retired from guged in domestic service for wages, as Seruant, Cook, Housemuid, etc. If the occupation has been changed work, definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., without more precise specification as Day Physician, Compositor, Architect, Locomotive engineer, or given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken whatever, write Nonc. report specifically the occupations of persons on-Foreman, 10 especially in industrial employments, it is neces-For many occupations a Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile factory. The material that fact may be indicated thus; Farmer (re-At Home, and children, not gainfully em-For persons who have no occupation single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoia fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Branchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom-..... (name origin; "Cancer" is less definite; avoid telemus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-Whooping cough; American Medical Association.) approved by Committee on (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train taken. For violent deaths state means of injuly "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condiinterstitial nephritis, ("Congenital," "Senile, or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory Nomenclature "Shock,

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REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

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household only (not paid Househeepers who receive a definite salary), may be entered as Housewite, Houseen at home, who are engaged in the duties of the state occupation at beginning of illness. If retired from er," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation -- Precise statement of octired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. Civil engineer, Stationary fireman, etc. But in many Physician, tion applies to each and every person, irrespective of whatever. write Nonc. Housemaid, etc. If the occupation has been changed For many occupations a single word or term on Compositor, For persons who have no occupation Architect, Locomolive engineer,

spinal meningitis"); Diphtheria avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same dise se. Examples: Cerebrospinal Statement of Cause of Death-Name, first, the DIS-Typhoid fever (never report "Typhoid Pneumonia"); to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Lobar pneumonia, Bronchopneumonia ("Pneumonia,

> telanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse." "Coma," "Convulsions, stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of as fracture of skull, Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as and consequences (e.g., sepsis, etc. The contributory

data is essential and must be obtained before the certificate is permanently filed. answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all qu stions

	PLACE OF DEATH County arrive Village or City selenos Maps 2FULL NAME Parths Maps	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCEO (Write the word)	16 DATE OF DEATH C
	6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw h M alive on Oct 30" 1928,
	tyrs. / mos. 3 ds. or min.?	and that death occurred on the date stated above, at 10 30 m, The CAUSE OF DEATH * was as follows:
	(a) Trade, profession or particular kind of work (b) General nature of industry	Infantie Wrophy
100	business, or establishment in which employed or (employer)	(Duration)yrs ds.
	9 BIRTHFLACE (tate or country line) 10 NAME OF FATHER Laham 10 11 BIRTHPLACE	Secondary (Duration) yrs mos ds. (Signed) 1 1 2 8 (Address) Canland M. D.
- 11	SE FATHER (String of counts) Lung 12 Mg/10 FN NAME	*State the I'is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	OF MOTHER Lah Iphale 13 BIRTHPLACE OF MOTHER (State or County) Illin A	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrsmosds. Where was disease contracted,
	(Informant) Paul Mahay	Former or usual residence
	15 (Address) (Ad	Ashbel Cemeley (Cl. 74, 19 FD) 2010N DERTAKER HOLDEN HILL HVCY
	If more banks are needed, addre s tate Kegistrar	, 16 W. Saratoga tt., Balto., Requesting V. S. No 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthtired 6 yrs). For persons who have no occupation Spinner, (b) Colton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Houscwife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer -- Coal minc, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Housemaid, etc. If the occupation has been changed arst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on without more precise specification as Day Stationary firemon, etc. But in many Locomotive engineer,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid- Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), stated unless important. (secondary Whooping cough; Chronic Chronic interstitial nephritis, Whooping use of "Tumor" inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menletanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., scpsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was underapproved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS State MEANS OF INJULY American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be for malignant neoplasms); Example: Measles (disease etc. The contributory valvular heart discase; Mcasles ;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

3.7

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County Barrett	Registration Dist. No. 12/
Village or City Staranto No. 2FULL NAME Forka Broads	St.: Ward) (If death occurred in a hospital cr institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Whits (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH (Month) (Day) (Year	17 I HEREBY CERTIFY, That I attended the decaased from 1928. to 8 7 7 1928, that I last saw has alive on 7029 7 1928.
7 AGE If LESS than I day hre. or min.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	disease 12
(b) General nature of industry business, or establishment in which employed or (employer)	(Duretion) yrs mos J O de.
9 BIRTHPLACE (State or country) Saverelales me	Contributory Secondary Duration) yre mos. de.
10 NAME OF CANONS Browslevels	(Signed) Caura Collars M. D. S. S 1925 (Address) Sept Parks Fred
OF FATHER (State or country) 12 MAIDEN NAME OF	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Darch Segler	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs de. State yrs de.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence
(Address)	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL DATE O
Filed Gray 10 1928, J. B. Brang Registrar	Mon Minuteles yunuselle
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. B. No. 1

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning cfillness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Scrvant, Cook er," etc., without more precise specification as Day worked on may forin part of the second statement. Mever return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The queswhatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. iff the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, taborer nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, c.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of Foreman, For many occupations a single word or term on Farm laborer, Laborerwho are engaged in the duties of the For persons who have no occupation Cotton mill; (a) Solesman.
(b) Automobile factory. -Coul mine, etc. The material But in many (b) persons en-Grocery; Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia";

> telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," "Inanition," "Marasmus," "Old Age," "Shoek, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomas fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Exhaustion, "Debility" ("Congenital, eausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" inges, peritonacum, etc., Carcinoma, Sarcoma, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train (secondary or intercurrent) Whooping cough; "Atrophy." "Collapse," "Coma," "Convulsions, . (name origin; "Cancer" is less definite; avoid "Heart failure," "Haemorrhage, for malignant neoplasms); Chronic valvular heart Example: Measles (disease affection need not be etc. The contributory Always qualify all Measles; disease; etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A the data is essential and must be obtained before the certificate is permanently filed.



DIACE OF DEATH	11150
PLACE OF DEATH County & and the	



STATE OF MARYLAND CERTIFICATE OF DEATH

0. to -1/	Registration Dist. No.
2FULL NAME COTHUN SIN	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While (Write the word)	16 DATE OF DEATH (Month), 192 (Year)
6 DATE OF BIRTH Oct 25, 1405. (Month) (Day) (Year)	that I last saw h say alive on Oct 10 , 192 &,
7 AGE 22 yrs. // mos. // ds. or min.)	
a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	by automobile Oberehal Hamorhage (Durstion) yrs, mos 5 ds.
which employed or (employer) 9 BIRTHPLACE (State or country) 1D NAME OF FATHER Laalus Grashinster 11 BIRTHPLACE OF FATHER (State or country) 2 COUNTRY 2 COUNTRY 2 COUNTRY 2 COUNTRY 2 COUNTRY 2 COUNTRY 3 COUNTRY 4 COUNTRY 4 COUNTRY 5 COUNTRY 6 COUNTRY 7 COUNTRY 8 COUNTRY 9 BIRTHPLACE (State or country)	Contributory Secondary Direction (Signed) *State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Matilda Cantt 13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) At place of death yrs ds. In the State yrs ds. Where was disease contracted, if not at place of death? Former or
(Address) Daufelle (Address) Daufelle 15 Filed Och 13 1928 6 74 Pill	19 PLACE DF BURIAL OR REMOVAL DATE OF BURIAL DEC 14, 1928 20 UNDERTAKER ADDRESS

V. S. No. 1

WRITE

if more banks are needed, addre.s State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. Ro. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specimens. Von-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the sary to know (a) the kind of work and also (b) the Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocg.:ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of or given up on account of the DISEASE CAUSING DEATH, report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, especially in industrial employments, it is neces-For many occupations a single word or term on

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accent ed term for the same disease. Examples: "

[ever (the only definite synonwown spinal meningitis"). "

Typhoid " pneumonia, Bronchopneumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Ezhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tetanus) may be stated under the head of "contributory." can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); Measles American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJUNY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-ChronicExample: Measles (disease etc. The contributory valvular heart disease.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1.

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county Sarrell 04230	STATE OF MARYLAND CERTIFICATE OF DEATH
VIIIago or City Samuel Larim	Registration Dist. No. St.; Ward) St.; W
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male unite (write to word) 3 SEX 4 COLORIOR RACE 5 SINGLE, MARRIED, Manuel WIDOWED OR DIVORCED (Write the word)	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
	10.01
March 3, 1834 (Month) (Day) (Year)	that I last saw ham alive on askil (4 , 1918,
7 AGE It LESS than	and that death occurred on the date stated above, at m.
7 4 yrs. / mos. 2 ds. 1 day, hrs. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trace, prefession, or tarmer	Conflux Decompensation
(b) General nature of industry	
business, ar establishment in which employed (or employer)	(Burellon) yre mos. ds.
9 BIRTHPLACE (State or country aryland	Contributory Secondary (Burellon) 7.5 mos. 1 de.
10 NAME OF Jennis Groves	(Signed) OmlBWilson, M.O.
11 BIRTHPLACE OF FATHER (State or country Maryland)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whother ACCIDENTAL.
of MOTHER AND Barnard	SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Maryland	At place in the of deeth
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death ?
(Intermental San L. Sroub	Former or usuel residence
(Address) Hesternfoort ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL OF SURIAL O
15 Pled PA. 1912 Valia Rowan REGISTRAR	20 UNDERTAKER ADDRESS
	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, employed, as At school or At home. Care should be Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Auto-"Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in Never return "Laborer, If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoud fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified. is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetonus) may be stated suicide. The nature of the injury, as fracture of skull, on statement of cause of death approved by Committee heod-homicide; Poisoned by carbolic ocid-probably Struck by roilway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL. or as probably such, if impossible state means or injuny and qualify as accidental, surgical operation was undertaken. For violent deaths mus," to determine definitely. "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," lapse," "Coma," chopneumonia (secondary), 10 ds. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease eausing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valentar heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonoeum, etc., Carcinoma, Sarcoma, etc., of "Old Age," "Shock," "Urnemia," "Weakness," The contributory (secondary or intercurly symptomatic), "Atrophy," "Col-"Convulsions," "Debility" ("Conas "PUERPERAL Examples: Accidental drowning; Never report mere "Exhaustion," septichaemia,"

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RECEIVE MAY 9 1928

PLACE OF DEATH	08844	STATE OF MARYLAND
County & assest	00097	CERTIFICATE OF DEATH (
00'	(202)	Registration Dist. No.
Village or City Critica (No.	Pille I Holes	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME Auct O	Marion House	number.)
PERSONAL AND STATISTICAL PARTIC	CULARS MEDI	CAL CERTIFICATE OF DEATH
Male White Single, MARRIED, WIDOWED. OR DIVORCI (Write the wo	ord)	(Month) (Day) (Year)
6 DATE OF BIRTH July 28	1911 aug 1	BY CERTIFY, That I attended the deceased from
Jionth) (Day)		1928., 1928.,
7 AGE		surred on the date stated above, at
17 21000	ds. or min.?	ATH * was as follows:
OCCUPATION	- Barre	. A Solder and A.
(a) Trade, profession or		
particular kind of work	7,000	racen a : Contused Enec, with mo
(b) General nature of industry business, or establishment in	visible abras	ion most likely a frick of the skin, not
Which employed or (employer)	notice alle	Covered vitality, due to an auto occi-
9 BIRTHPLACE (State or country)	Med Secondary	al. Travis al. O. less
10 NAME OF RIR Hahn	(Signed)	Therebaugh M.D.
M 11 BIRTHPLACE	West 10.19	
OF FATHER Z (State or country)	Violent Causes, Accidental, Suicid	Disease Causing Death, or, in deaths from state (1) Means of Injury and (2) Whether al or Homicidal.
OF MOTHER STACK A	ahu 18 LENGTH OF I	RESIDENCE (For Hospitals, Institutions, Trans- Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrs	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOW	Where was disesse of if not at place of d	ontracted, lea.h?
0 6 1/4	Former or	A STATE OF THE REAL PROPERTY.
(Informant) 6 6 My	USIV usual residence usual residence	
(Address) We overdale &	19 PLACE OF BUR	nd Md any 21, 1020
15 Filed Rag 19 192 5	20UNDERTAKER	B A ADDRESS AND
	Registral (Mow)	I dolden WHI PHNY 199
If more banks are needed, addre	s State Registrar, 16 W. Saratoga St	., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from laborer, Farm laborer, Laborer—Coal mine, etc. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery.

(a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. business, that fact may be indicated thus; Farmer (rcor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At. school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocor At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But in many Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

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telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicidc; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); American Medical Association.) approved by Committee on Nomenclature Examples: Accidental drowning; Struck by railway traintaken. For VIOLENT DEATHS state MEANS OF INJURY can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death (secondary Whooping cough; (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condiinterstitial nephritis, or intercurrent) affection need not be Chronic valvular heart disease; etc. The contributory Mcasles;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD INLY, WITH UNFADING INK--THIS IS A PERMANEN MARGIN RESERVED FOR BINDING WRITE

V. S. No.

PLACE OF DEATH	STATE OF MARYLAND
County Farrett	08845 CERTIFICATE OF DEATH
The state of the s	Registration Dist, No.
1 a la. 0	
Village or City (No	St: Ward) (If death occurred in a hospital or institu-
and windin	tion, give its NAME in- stead of street and
2FULL NAME JOhn Milla	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH
Mole White OR DIVORCED	august 19th, 1920
(Write the word)	(Month) (Day) (Year) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from 19 Mey 14" 1928, to alleg. 19" 1928,
Lan 5, 163	
(Month) (Day) (Ye	
7 AGE	
79 yrs. 7 mos. 14 ds. or r	min 3
R OCCUPATION	
(a) Trade, profession or	The state of the s
particular kind of work (b) General nature of industry	Childhalla Jack
business, or establishment in	(Duration)yrsmosds.
which employed or (employer)	Contributory
(State or country) Fayette Co. James	Secondary (Duration) yrs
10 NAME OF FATHER	(Signed) He We // Offices, M.D.
Naron Haney	- aug 20 1928 (Address) Calland Ind
II BIRTHPLACE OF FATHER	the the Disease Couring Double or in deaths from
C (State or country)	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Cassandra	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place of deathyrsmosds. In the Stateyrsmosds.
(State or Country)	Where was disease contracted, if not at place of deah?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) Gra Il Haurey Jr.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
managentarale 1111/a	19 FEACE OF BORNES OF 19 10 00 11 11 11 11 11 11 11 11 11 11 11
(Address)	COUNTRIAKER (ADDRESS)
15 Flinder 20 192 Wilia lowar	60 UN DERTAKER
ho eee Registre	
If more banks are needed, address State Reg	ristrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1
	1.(%

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from er," etc., without more precise specification as Doy laborer, Farm loborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (o) additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocsary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servont, Cook, ployed, as Al school, or Al home. Care should be taken work, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) Grocery; man, (b) Automobile fuctory. The material For persons who have no occupation Stationary fireman, etc. But in many Locomolive engineer,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, stited unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." corbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart range," "Old Age," "Shock," "Tranition," "Marasmus," "Old Age," "Shock," when a definite disease." tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify ali "Uraemia," "Weakness," etc., when a definite disease (secondary Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions," perilonaeum, etc., Never report mere symptoms or terminal condi interstitial nephritis, or intercurrent) affection need not be ChronicCarcinoma, Sarcoma, etc., of valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

FOR

RESERV

MARGIN

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Whatever, write None. business, that fact may be indicated thus: Farmer (restate occapation at beginning of illness. If retired from or given up on account of the disease causine DEATH, gaged in comestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persous enployed, as At school or At home. ("are should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered a. Housewife, Househousehold only (not paid Housekerpers who receive a en at home, who are engaged in the laborer, Purm laborer, Laborer-Coal mine, etc. Womer," etc., Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; chould be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of worked on may form part of the second statement (a) Foreman, (b) Automobile factory. cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Furmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-6 yrs.). For persons who have no occupation engineer, Stationary foremen, etc. But in many For many occupations a single word or term on without more precise specification as (a) the kind of work and also (b) the As examples: (a) duties of the The material

Buccement of Cause of Death—Name, first, the pis-Libe Causing death (the primary affection with respect to time and causation); using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"

> head of "contributory." (Recommendations on state-Nomenclature of the American Medical Association.) ment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of causing death), 29 ds.; Bronchopncumonia and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For VIOLENT DEATHS STREE MEANS OF INJURI "PURRERAL septicaemia." "PUEEPERAL peritonitis," discases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all symptomatic), "Atrophy," "Collapse," ary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely stated unless important. inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Poisoned by carbolic acid—probably suicide. The na-Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," "Dropsy." "Exhaustion," "Heart failure," "Haemorvulsious," Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); (uame origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men (secondary or intercurrent) affection need Whooping -accident: Revolver wound of head-homicide; "Debility" ("Congenital," "Senile," etc.) cough; Chronic valvular Example: Mcasles skull, and conse-"Coma," "Conheart (discase (secoudnot be

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S. No. 1

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1 PLACE OF DEATH County arrett	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 169
Village or City Swarfare (No	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH 700, 7, 1928 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 8 to 192 8 that I last saw h 1 alive on 100 11 192 8
7 AGE 2 yrs. 4 mos. 22 ds. or min.?	and that death occurred on the date stated above, at \$13.5 P m The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	(Ourstion) yrs. mos. de
BIRTHPLACE (State or country) 10 NAME OF FATHER FATHER STATE THORY	Contributory Secondary (Durstion) (Signed) (Signed) (Signed) (M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF THE STATE OF THE STAT	*State the lisase Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER LINE LA RECKINGUE 13 BIRTHPLACE OF MOTHER (State or Country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the of death yrs mos, ds. State yrs mos ds. Where was disease contracted, it not at place of death?
(Informant) Carl & Harvey (Address) Dwanton, Med.	Porter of usual residence
Filed Nov. 7 192 8 allie Mashly	Less or Bolder 9, Rollins

(Approved by U. S. Census and American Public Health Association.)

er," etc., without muse record mine, etc., laborer, Farm laborer, Laborer—Coal mine, etc., Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestle first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. tired 6 business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the dutics of the Civil engineer, Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation without more precise specification as Day Stationary fireman, etc. But in many Wom-

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchoppeumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Drcpsy, "E:haustion," "Heart failure," "Haemorrhage, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY "PUERPERAL septicaemia," "PUERPERAL peritonitis, ean be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "E:haustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcasles; (Recommendations on statement of cause of death approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The niture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. State cause for which surgical operation was under-(secondary unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from ehildbirth or miscarriage as cough; or intercurrent) affection need not be Chronic Example: Measles (disease etc. The contributory valvular heart 1 disease;

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White W	PARTICULARS NGLE. NRRIED. Widowed POIVORCED rite the word)	St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.) MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH August 3, 1928 (Month) (Day) (Year)
L AND STATISTICAL COLOR OR RACE SIM White OR (W	PARTICULARS NGLE, ARRIED, Widowed DOWED, DIVORCED rite the word)	16 DATE OF DEATH August 3, 1928 , 192 (Month) (Day) (Year)
White Solor or RACE Solor or RACE M/Will Solor or R	NGLE, ARRIED, Widowed DOWED. EDIVORCED rite the word)	16 DATE OF DEATH August 3, 1928 , 192 (Month) (Day) (Year)
April	1845	
	2	July 15, 1928 192 to Aug. 2, 1928 , 192
83 vrs. 4 mos.	(Day) (Year) [If LESS than 1 day hrs.	The CAUSE OF DEATH * was as follows:
of work		Cerebral Embolism (Duration)
Joseph Ster		(Signed)
ountry)	nknown	Accidental, Suicidal or Homicidal. 13 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
K	a	ients or Recent Residents) At place of deathyrsmosds. In the Stateyrsmosds
M. Hennen Fairmont,		Where was disease contracted, if not at place of dea.h? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Fairmont, W. Va. 20 UNDERTAKER D. C. Jones Fairmont, W. Ve. Fairmont, W. Ve.
ROOF	Joseph Ster Joseph Ster Unknown AME Hanna** Un L. M. Hennen Fairmont,	ssion or House work of work re of industry blishment in or (employer) West Virginia Joseph Sterling Unknown Make Hanna** Unknown Unknown TRUE TO THE BEST OF MY KNOWLEDGE M. Hennen Fairmont, W. Va.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthshould be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewije, Househousehold only (not paid Housekeepers who receive a laborer, Spinner, Foreman, (b) Automobile fuctory. The or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal minc, etc. Wom-(h) Cotton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Grocery; materia

Statement of Cause of Death—Name, first, the DISE EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Mcasles, telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaennia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death cough; Chronic etc. The contributory valvular heart Always qualify all disease;

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EVELY

11

PLACE OF DEATH County Carrett	38 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City 2/2 miles from Bitting (No.	Registration Dist. No. / / / / St.: Ward) (If death occurred is a hospital er inetity tion, give ite NAME is
2FULL NAME Charles Energe	a Detricke street an
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Jebruary 2/84, 1928 (Morth)—(Day) (Year)
Filman 2/81, 1928 (Mgnth) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the decessed from Jeb 2/81 1928. to Jeb 2/81 , 1928 that I last saw him alive on II Born , 192
If LESS than I day hrs.	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Manyland	Contributory July Serval Eclambaia Sciency Secondary Months
10 NAME OF FATHER OSIFW Hetrick 11 BIRTHPLACE OF FATHER (State or country) Maryland	(Signed) M. M. M. M. J. M. M. J. M. M. J. M.
12 MAIDEN NAME OF MOTHER Sutter Butter 13 BIRTHPLACE OF MOTHER (State or country) Warpland	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the State yrs
(Address) Sittings, MA,	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS

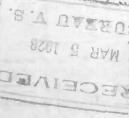
(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (re-tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Nervant, Cook ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Average ". Taborer," "Foreman," "Manager," "Teal-Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: a additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health whatever, write None. Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Civil engineer. Stationary fireman, etc. But in many Statement of Occupation-Precise statement of ocreport specifically the occupations of persons eneta., Foreman, (b) Automobile For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc Womwithout more precise specification as Day Salesman, factory. The in Acrial (b) Grocery;

Stateme t of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Fpidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia,")

clumus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shoek. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom causing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Example: Measles (disease approved as fracture of skull, and consequences (e. g., sepsis, carbolic acid—probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Whooping use of "Tumor" for malignant neoplasms); Measles; inges, perionaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train Recommendations on statement of cause of (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse, Never report mere symptoms or terminal condi interstitial nephritis, by cough; Committee on Nomenclature of the Chronic valvular heart disease, Carcinoma, "" "Coma," "Convulsions," etc. The Sarcoma,, etc., of contributory

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PHYSI-

	PLACE OF	DEATH		017
	County Las	rett		0.1
Vil	lage or City 21/2	mes for Bette	uger (No.	****
	²FULL N	AME MISO /	fintes. He	trick
	PERSONAL	AND STATISTIC	CAL PARTICU	LARS
3 5		White .	SSINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)	reried
6 1	DATE OF BIRTH			
	*****	(Month)	(Day)	, 1885 (Year)
7 4	GE	(injurial)	(-43)	IIfLESS than
	40	0 yrs. 5 n	nos. / 0 ds.	l day hrs.
p	Ceneral nature	work Suusa	1	
9 E	(State or country)	maryla	ud	
	10 NAME OF	Chellan	Butte	N
RENTS	OF FATHER (State or coun	try) mar	land	
PARE	12 MAIDEN NAM OF MOTHER	Elizal	Felk	
	13 BIRTHPLACE OF MOTHER (State or com	man	land	
14	THE ABOVE IS TR	UE TO THE BEST	OF MY KNOWLE	DGE
	(Informant)	away Hety	ich	
	(Address)	1 Bitt	myer.	Max
15	Filed Rel, 2.	3 1928, 9	13. Bm	Registrar

100	STATE	OF M	IARY	LAND
	CERTIFIC	CATE	OF	DEATH
				16

Registration	Dist. No. 17/
St.: Ward	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH Townsy 218	£ , 1928
that I last saw her alive on Filmery	
and that death occurred on the date state. The CAUSE OF DEATH * was as follows:	d above, at 1038 Pm.
Tearperal Eclasuf	ra
	about six hours
Contributory Surperal Albus Secondary (Duration)	yrsds,
(Signed) 1. Marrow Feb 22ud 1928 (Address) Frie	dsville good
*State the Disease Causing Death Violent Causes, state (1) Means of I Accidental, Suicidal or Homicidal.	or, in desths from njury and (2) Whether
18 LENGTH OF RESIDENCE (For Hospients or Recent Residents)	itals, Institutions, Trans-
0. 00000	teds.
Where was disease contracted, if not at place of death?	
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Cove, ma,	Feb, 24, 1928.
20 UNDERTAKER	ADDRESS

rantorille, If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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(Approved by U. S. Census 2nd American Public Health Association.)

state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (retired 6 yrs). For persons who have no occupation household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. whatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the taborer, er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on Farm laborer, Compositor, Architect, (b) Automobile factory. The material Laborer-Coal mine, etc. Wom-Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEBASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." approved by as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, aecident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart fauure, "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; 1. stated unless important Example: Measles (disease (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of death can be ascertained as the cause. Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi perilonaeum, etc., cough; Committee on Nomenclature Chronic Carcinoma, Sarcoma, etc., of chopneumonia (secondary), valvular heart disease; etc. The contributory Always qualify all not be

If this certificate is looked over thoroughly and all questions answered in detail, it, will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.

STATE OF MARYLAND CERTIFICATE OF DEATH

PLACE OF DEATH County Swell	STATE OF MARYLAND CERTIFICATE OF DEATH
4 6 4	Registration Dist. No. 101
Village or City & Freedeville (No	St.: Ward) (If death occurred in a hospital cr institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male 4 COLOR OF RACE 5 SINGLE, MARRIED, Infant WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the decessed from
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE Still Born If LESS than I day	and that death occured on the date stated above, at
B OCCUPATION (a) Trade, profession or particular kind of work	Stillborn, Pormature
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yss. mos ds.
9 BIRTHPLACE (State or country) Garrell Co. Mode	Contributory Secondary (Duration)
1D NAME OF formald Amebaugh	(Signed) At Mason M.D. nov 13 1928 (Address) Trendsville M.D.
OF FATHER (State or country) Garrell Co. huch	*State the Discase Causing Desth, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental Suicidal or Homicidal.
of Mother Grace & Meyers	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country) Garrello, md 1	ients er Recent Residents) At place of deathyrsmosds. Stateyrsniosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) hlunald Sindaugh	Former or usual residence
Filed MV / 8 1928 Jusper Guard Registras	20 UNDERTAKER ADDRESS ADDRESS Franchicultes
	, 16 W. Saratoga St., Baito, Requesting V. S. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the should be used only when needed. As examples: (a) the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits ean be known. The queseupation is very important, so that the relative health household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Nervant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emespecially in industrial employments, it is necesgrs). without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar "pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL seplicaemia," "PUERPERAL perilonilis," ele. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory. or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; approved by as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Nomenelature ChronicExample: Measles (disease etc. The contributory valvular heart disease; affection need not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

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WRITE P

1PLACE OF DEATH

12578

STATE OF MARYLAND CEPTIFICATE OF DEATH

Village or City MY Jake Park (No.	Registration Dist, No
2FULL NAME JOHN Olexan	den Hipsley number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDOWED OR DIVORCED DIVORCED (Write the word)	16 DATE OF DEATH Nov. 16 , 1928 (Month) (Day) (Year)
Feb. 1851	17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 192
(Month) (Day) (Year)	that I inst saw h L alive on, 192,
7 AGE 1 If LESS than I day hrs. mos. ds. or min.?	The CAUSE OF DEATH * wns as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in NOT occupied for which employed or (employer)	Contributory Secondary (Duration) Vis. mos. ds.
10 NAME OF HORACE A. HIPSIES	(Signed) / W. M. Domus M. D. Nov. 16 1928 (Address) OMlana M.
OF FATHER No Samily 9 econd (State or country)	*State the I is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER MARY C. LUTMAN	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
OF MOTHER No family pecond (State or Country)	At place of death yrs. mos. ds. In the State yrs. mos. ds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, / it not at place of dea.h?
(Informant) JR. HIPSIEY (Address) Wr. Lange Park	Former or usual residence DATE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed Nov 18 1928 Juliu Rowam	26 ONDERTAKER DODRESS AND AND MA

If more blanks are needed, addre. s Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health-Statement of Oceupation-Precise statement of ocstate occupation at beginning of illness. If retired from er," etc., Spinner, (b) Cotton mill; (a) Solesman. (b) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary firemon, etc. But in many fulness of various pursuits can be known. The queswhatever, write None. tired 6 business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Serrant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer--Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of first line will be sufficient, e. g., Farmer or Planter, Foreman, (b) Automobile factory. The material For many occupations a especially in industrial employments, it is necesbe used only when needed. As examples: (a) yrs). For persons who have no occupation without more precise specification as Day single word or term on Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor pneumonia, Bronehopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." as fracture of skull, and eonsequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State eause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Whooping eough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Meosles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death American Medical Association.) "Atrophy," "Collapse," "Coma, Never report mere symptoms or terminal condi-ChronicExample: Measles (disease etc. The contributory valvular heart disease; " "Convulsions,

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.--Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCIDATION is very important. See instructions on hack of certificate. RECORD NLY, WITH UNFADING INK--THIS IS A PERMANEN MARGIN RESERVED FOR BINDING WRITE P

V. S. No. 1

PLACE OF DEATH	00945 STATE OF MARYLAND
County Apple	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Jennings (No	St.: Ward) (If death occurred in a hospital or institu- tion, give lits NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale while Single, Married, Wildowed, OR DIVORCED (Write the word)	16 DATE OF DEATH 2 7 , 1928 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY. That Lattended the deceased from
7 AGE If LESS that day hr or min	s. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Wasel 15 yes (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs nos ds
10 NAME OF HENRY SEARK	(Signed) MACREE M. D. M. D. Mer L. 1928 (Address) Levely M. D.
OF FATHER Z (State or country) D S S S S S S S S S S S S	*State the Disease Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Barbera Lahr	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence
(Informant) Michael Legels (Address) Similariele M	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Billman Ma Ann 30, 1914
Filed Jan 30 1928. J. B. Bring	20 UNDERTAKER ADDRESS Minterley yentsell

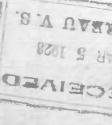
(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the er," etc., Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons en-Housemaid, etc. If the occupation has been changed Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-Coal mine, etc. Worn-(b) Cotton mill; (a) Salesman, (b) without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material engineer, Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tolanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaenia" (merely symptomstated unless important (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; L (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Meusles; approved by (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; Committee on Nomenclature of the Chronic Example: Measles (disease chopneumonia (secondary), etc. affection need valvular The contributory Always qualify all heart disease; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently field.



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MARGIN RESERVED FOR BINDING

V. S. No. 1

PLACE OF DEATH County Sandt	STATE OF MARYLAND CERTIFICATE OF DEATH
00 10 05437	Registration Dist. No.
Village or City Shallmay (No.	St: Ward) (If death occurred in a hospital or institu-
2FULL NAME Bstella Elisjabet	th Hosken tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Married WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH May /7 , 1926 (Month) (Day) (Year)
September (Day), 1868	17 L HEREBY CERTIFY, That I attended the decement from 1925 to May 15 , 1928 that I last saw her alive on very 15 , 1928,
Jeg yrs. S mos. 7 ds. or min.?	and that death occurred on the date stated above, at 2 m. The CAUSE OF DEATH * was as follows: Pulmonay inherculosis
(a) Trade, profession or particular kind of work # SMSE Phile (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) # Malenda Michels 10 NAME OF FATHER 9 Michels 11 BIRTHPLACE OF FATHER (State or country) Work Muchels 12 (State or country) Work Muon	(Durstion) North Morrods. Contributory Ludgestion, Secondary (Durstion) yes mos ds. (Signed) North Britailer M. D. Way 16 1926 (Address) Language Learner Willert Causes, state (1) Means of Injury and (2) Whether Accidental, Sucidal or Homicidal.
12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or country) ADVIT / LIVOUR 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted, if not at place of dea.h?
(Informant) Hilliam Hosken (Address) Shallman And, 15 Filed 5/18 1928 A & Bassick Registrar	Former or usual residence
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., without more present and inches etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womsary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Spinner, (b) Cotton mill; (o) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH, Housemoid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed. us At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on (b) Automobile factory. The material Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrose spinal meningitis." Typhoid fever (never report "Typhoid Pneumonia"); Lobar preumonia, Brouchopneumonia ("Pneumonia,"

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," American Medical Association.) telanus) may be stated under the bead of "contributory." curbolic ocid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles, approved by Committee on Nomenclature as fracture of skull, and consequences (e. g., sepsis, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease (secondary Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condicough; or intercurrent) Chronic valvular heart disease; Example: Measles (disease affection need etc. The contributory not be

If this certificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. All the data is esseptial and must be obtained before the certificate is permatently filed.

MARGIN RESERVED FOR BINDING	WRITE P NLY, WITH UNFADING INK-THIS IS A PERMANEN RECORD	Every item of information should be carefully supplied. ACE should be stated EXAC CIANS should state CAUSE CF DEATH in plain terms so that it may be properly class statement of OCCUPATION is very important. See instructions on back of certificate.
	[7]	our
	WRITE	Every item CIANS sho statement

PLACE OF DEATH

County Garrett

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	8	7		

STATE OF MARYLAND CERTIFICATE OF DEATH

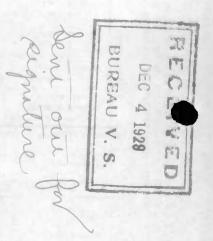
Registration Dist No. 164

	OULL NAME		ouse	St.: W	ard) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERS	ONAL AND STATIST	CAL PARTICUL	ARS	MEDICAL CERTIFICAT	E OF DEATH
3 SEX Female	4 COLOR OR RACE White	5 SINGLE. MARRIED INCOMED INCOMED OR DIVORCED (Write the word)	le	16 DATE OF DEATH NOV. 14	, 1928 (Day) (Year)
6 DATE OF B			(Year)	17 I HEREBY CERTIFY, That I 192	, 192
7 AGE	yrs	1	fLESS than dayhrs. ormin.?		
(b) General business, or	profession or cind of work nature of industry restablishment in loyed or (employer)			Stillborn (Duration)	yrsds
9 BIRTHPLAC (State or	Country) Maryland OF William H			(Signed) (Duration) (Signed) 1928 (Address)	ler MOD
OF FA		nd		*State the I is ase Causing De Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	
of Mother Susan Durst 13 BIRTHPLACE OF MOTHER (State or Country) 14 OF MOTHER (State or Country)			of death yrs mos ds.	the Stateds	
	e is true to the best		GE	Where was disease contracted, if not at place of dea.h? Former or usual residence	
	ddress) Accider			Accident Md	NOV. 16 , 128
Filed Nov. 16 1928 A.J. Richter Registrat			Registraı	Emory Georg	Accident Ma
	If more banks are	needed, addre.s Lts	ate Kegietras	, 16 W. Saratoga St., Balto., Requesting	V. S. Ivo. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesstate occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a haborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an Piysiciun, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of report specifically the occupations of persons en-For many occupations a single word or term on without more precise specification as Day Stationary fireman, etc. But in many Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphthleria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")



stated unless important. approved by Committee telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis, diseases can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death American Medical Association "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as (name origin; "Cancer" is less definite; avoid Chronic Example: Measles (disease on Nomenclature of the affection need not be etc. The contributory valvular heart disease;

If this coefficate a looked over thoroughly and a'l qu stions answere in detail it will prevent to her correspondence. All the data is essential and must be and ined before the certificate is permanently filed.

PLACE OF DEATH	STATE OF MARYLAND
County Darrett 04231	CERTIFICATE OF DEATH
04401	Registration Dist. No.
Village or City Vindes (No.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME William	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Married Whate OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH (Vionth) (Day) (Year)	that I last saw handlive on 1928.
7 AGE If LESS than day hrs. 15 ds. or min.	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs, mos ds,
9 BIRTHPLACE (State or country) atamont, mo	Secondary Duration yrst mos ds.
10 NAME OF FATHER John C. Jackson	(Signed) Dy Chadress) Dumlerla ly
OF FAMER (State or country) Maryland.	*State the Discase Causing Death, et, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Getty Harvey	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Maryland	At place of death yrs mos ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Robert P. Jacksow	usual residence
(Address) Hieley ml	Mt. Zion, ma apt. 17:0 20
Filed 4 17 192 8 A H Banull Registrar	Otha F. Sharpless Blaines.
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). er," ctc., without more precise specification as Day Jaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) whatever, write Nonc. business, that fact may be indicated thus; Farmer state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewije, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. the first line will be sufficient, e.g., Farmer or Planler, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons cnhousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect; Locomolive engineer, For many occupations a single word or term on For persons who have no occupation But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dishtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar peumonia, Bronchopneumonia ("Pneumonia,")

inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepois, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock;" "Old Age," "Shock;" stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by Committee on or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all (secondary "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condiinterstitial nephritis, cough; or intercurrent) Chronic affection need not be etc. The contributory valvular hcart disease; Nomenclature of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Village or City & santoville (No	Registration Dist. No./62
2 FULL NAME David Freuel	tion, give its NAME is -
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH Selt 9, 1928 (Month) (Day) (Year)	that I last saw h salive on fifther in 192 S.
7 AGE If LESS than I day hra. or min.?	and that death occurred on the date stated above, at 5.1/5m. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or Sufaul	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrs:mosds.
10 NAME OF FATHER PLUSIUS 11 BIRTHPLACE	(Signed) (Duration) yrs. de. (Signed) M. D. (Signed) (Address) (Signed) (Signed) (Address) (Signed) (Signed) (Address) (Signed)
(State or country) 12 MAIDEN NAME OF MOTHER Chura Rass	*State the l'is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosds. Where was disease contracted, if not at place of death?
(Informant) Clas Ross (Address) Lantsville	Former or usual residence
15 Filed Sight-1/2 1928 6 74 Full	20 UNDERTAKER ADDRESS ADDRESS

If more banks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

S. No. 1

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired & state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a er," etc., Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemuid, etc. If the occupation has been changed the first line will be sufficient, e.g., Farmer or Planter, to report specifically the occupations of persons enworked on may form part of the second statement. Foreman, For many occupations a single word or term on especially in industrial employments, it is necestrs). For persons who have no occupation (b) Cotton mill; (a) Salesman, without more precise specification as Day (b) Automobile factory. The material 6)

Statement of Cause of Death—Name, first, the DISEASE VAUSING DEATH (the primary affection with respect to time and "causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pucunonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." ".PUERPERAL septicaemia," "PUERPERAL peritoritis," etc. "E:haustion," "Heart raums," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomas fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably surcide. The n .ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Debility" ("Congenital," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., o or intercurrent) affection need not be ss important. Example: Measles (disease "Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Chronic valvular heart disease etc. The contributory

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	PLACE OF DEATH	08847	STATE OF M	MARYLAND
	County Darrett		CERTIFICATE	OF DEATH
1/		(1-0)	Registration D	Dist. No. / 66
Vi	llage or City Valsland (No.		St.:Ward)	(If death occurred in a hospital or institu- tion, give its NAME it -
	2FULL NAME Dertrude Jeffer	L o		stend of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDI	CAL CERTIFICATE O	F DEATH
3: F	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED OR DIVORCED (Write the word)	16 DATE OF DEAT	august	8", 1928 (Day) (Year)
6	DATE OF BIRTH		BY CERTIFY, That I atte	
	March 23, 1913	July 30"	1928 . to Clu	quit 8", 1928,
-	(Month) (Day) (Year)	that I last saw h	1	. 1922,
7	If LESS than I day hrs. 15 yrs. 4 mos. 17 ds. or min.?		urred on the date stated a ATH * was as follows:	above, atm,
	a) Trade, profession or particular kind of work	Off for	evid geve	<i>V</i>
1	b) General nature of industry		(Durstion)	
-	which employed or (employer)	Contributory		, Tees,,,,,,,
9	(State or country) West Virginia,	Secondary	(Duration)	yısmosds.
	10 NAME OF John Jeffres	(Signed)	11/19/11/4	M. D.
5	11 BIRTHPLACE		(Address) Causing Death	***************************************
FNA	(State or country)	Violent Causes, Accidental, Suicida	l is ase Causing Death, state (1) Means of Inj al or Homicidal.	ury and (2) Whether
PAR	OF MOTHER Verno Smith		ESIDENCE (For Hospit	
	13 BIRTHPLACE OF MOTHER (State or Country) West Vinginia	At place of deathyrs	mosds. In the	yrsmosds.
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease or if not at place of di	ntracted, ea h?	
	(Informant) Jens Jeffries	Former or usual residence		
	(Address) (1) ahland Md.	19 PLACE OF BUR	al or removal	aug.10, 1928
15	Fildre 16 1928 pelia Rowan	20 UNDERTAKER	y Bolden	Dalland, Mi
-	If you have as haded address that Kenistran	. 16 W. Saratoga St.	Balto., Requesting V. S	. No. 1.

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(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification. Wom-laborer, Farm laborer, Laborer—Coal minc, etc. Wom-en at home, who are engaged in the duties of the fulness of various pursuits can be known. The quesgaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed Spinner, (b) Cotton mill; (a) Salesman, (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealnature of the husiness or industry, and therefore an Civil engineer, tion applies to each and every person, irrespective of household only (not paid Housekeepers who receive a Piysician, Compositor, Architect, report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, sician, Compositor, Architect, Locomolive engineer, For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many (6) material Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

atic), "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), approved by Committee on as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases can be ascertained as the cause. Always qualify all "Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) Chronic interstitial nephritis, American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS STATE MEANS OF INJURY resulting from childbirth or miscarriage as "" "Weakness," etc., when a definite disease cough; Chronic etc. The contributory affection need valvular heart Nomenclature of the not be disease;

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N. N.

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FOR BINDING IS A PERMANEN ECORD 1. ACE chould be stated EXACTLY, PHYSI-so that it may be proporly classified. Exact	te.
IS A PERMANEN ECORD ACE chould be stated EXACTLY to that it may be proporly classifie	certifical
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FOR BINDING IS A PERMANE 1. ACE chould be so that it may be	ruction

PLACE	OF	DEATH	
ounty	G	arrett	

06538



STATE OF MARYLAND

County	Garrett	000	205 l)		on Dist. No.
	Mt. Lake Park	Mariah Pleasant	ones	St.: Wa	rd) (If death occurred in hospital or institution, give its NAME in stead of street an number.)
PERSO	NAL AND STATIST	CAL PARTICULARS	ME	EDICAL CERTIFICATE	E OF DEATH
3 SEX Female	4 color or RACE Colored	SSINGLE, MARRIED, Marri WIDOWED, OR DIVORCED (Write the word)		Tobally about J	June 10, 19282
6 DATE OF BIR		, 1,872	17 I HE:	REBY CERTIFY, That I	attended the deceased from
7 AGE	(Month) 56 yrs. 3	(Day) (You lift LESS I day	than and that death	occurred on the date state DEATH * was as follows:	ted above, at
(b) General n business, or e		House work	Contributory		yrsda
10 NAME C		11	(Signed)	handway	М. Б
OF FATH Z (State o			*State th	.1928 (Address) Ocase I is ase Causing Dea es, state (1) Means of icidal or Homicidal.	th, or, in deaths from Injury and (2) Whether
2 12 MAIDEN ▼ OF MOTI		Galloway		RESIDENCE (For Ho	spitals, Institutions, Trans
13 BIRTHP OF MOTI (State of		Indes	At place of deathyrs	in ds.	the Statedode
14 THE ABOVE	Mrs! Richar		if not at place of	dea.h?	
		t, W. Va.		and, Md.	June 25, 1928
15 Filed W	ne 75 1928 ju	lia Rowan	Bolden Und	dertaking Co	Oakland, Md
	If more banks are	needsd, addre s Ltate Keg	istrar, 16 W. Saratoga	St., Balto., Requesting	V. S. No. 1.

(Approved by U. S. Consus and American Public Health Association.)

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Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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BUREAU V. S.

N. B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD INLY, WITH UNFADING INK--THIS IS A PERMANEN BINDING MARGIN RESERVED FOR WRITE V. S. No. 1

Village or City Darland March	CERTIFICATE OF DEATH Registration Dist. No. 6 St.: Ward) a hospital or institu-
	down, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 29, 1928 (Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	1928 . to 29 . , 1920.
(Month) (Day) (Year) 7 AGE (Month) (Day) (Year) 1 LESS than I day	and that death occurred on the date stated above, at 2.15
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	There it
business, or establishment in which employed or (employer)	(Duration) yrsmosds.
9 BIRTHPLACE (State or country) 10 NAME OF	Contributory Secondary (Signed)
FATHER Value Jardan	Dec 29 1928 (Address) Oancal mel
II BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Farma Acces	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Address) One and med	19 PLACE OF BURIAY OR REMOVAL DATE OF BURIAL OR 19 2 3 1, 19 2 5
Filed Nee, 3/1928 pelia/ owar Registrar	Breder Credulary Co Ocerland my
If more bianks are needed, addre.s State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write Nonc. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. . If the occupation has been changed guged in domestic service for wages, as Servout, Cook ployed. as At school, or At home. Care should be taken work, definite salary, may be entered as Housewife, Houselaborer, Farm laborer. Loborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesmon, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Foreman, or At Home, and children, For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many (b) Automobile foctory. The materia Locomotive engineer, not gainfully em-Grocery,

Statement of Cause of Death—Name, first, the DISEARD CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by roilway train-"Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Whooping cough; (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Never report mere symptoms or terminal condiinterstitial nephritis, Chronic Corcinoma, Sarcoma, etc., of etc. valvular heart diseose; The contributory "Shock," , "Dropsy,

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently fied.

W. S. No. 1

PLACE OF DEATH County Sanett O6539	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Aceident Med.	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Mus Cosnily &	tion, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Emale While (Write the word)	16 DATE OF DEATH CULK SS , 1928. (Moath) (Dey) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that Plast saw hell alive on May 18 4. 1928.
7 AGE If LESS than day hrs. day hrs. day mos. g ds. or min.	and that death occured on the date stated above, at
(a) I rade, profession or particular kind of work	and Valoular disease of heary
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yre more de.
9 DIRTHPLACE (State or country) Mary land	Contributory Secondary (Duration) mosds.
10 NAME OF Janue Harden	(Signed) Marcuser of M. D. June 18 1928 (Address) Seciler Md.
OF FATHER (State or country) Children	*State the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Cortes	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 DIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos, ds. In the State yrs ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence
(Informant) (Address) (Address) (Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Serve 15, 192
15 Filed James 4 192 Y a. J. Richter	ME Grague Trimboill M
If more banks are needed, address State Registra	r, 16 W. Saratoga St., Palto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: c additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary Jireman, et . But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from guged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specification as Day laborer Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, nature of the business or industry, and therefore an business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken worked on may form part of the second statement. Physician, or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a en at home, Never return 'Laborer," "Forcman," "Manager," "Dealwhatever, write None. Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman. (b) Greecety; man, (b) Automobile factory. The material Compositor, Archiect, Locamotive who are engaged in the duties of the For persons who have no occupation engineer,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same diselse. Examples: (crebrospinal fever (the only definite synonym is "Spidemic ccrebrospinal menic, itis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia": Lobar pneumonia Bronchopneumonia "Pneumonia":

"Uraemia," "Weakness," etc., when a definite disease stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of "PUERPERAL seplicaemia," "PUERPERAL perilonilis, can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Mecsles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-(secondary or intercurrent) affection need not be or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, Chronic interstitial nephritis, American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by reliway train-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJUNY resulting from childbirth or miscarriage by Committee on Nomenclature of the " "Marasmus, " "Old Age, " "Shock," cough; Chronic and consequences (e. g., ser 878, Example: Measles (disease etc. valvular heart The contributory discusse;

If this certificate is looked over thoroughly and all que tions answered in detail, it will prevent further correspondence. At the data is essential and must be obtained before the cartificate is permanently filed.

MARGIN RESERVED FOR BINDING	WRITE INLY, WITH UNFADING INK-THIS IS A PERMANEN RECORD	N. B.—Every item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	Villa 3 S S S S S S S S S S S S S S S S S S
V. S. No. 1	WRITI	N. B.—Every item CIANS sha statement	15

1PLACE OF DEATH	STATE OF MARYLAND
County Daniel	CERTIFICATE OF DEATH
7	Registration Dist. No. /6/
Village or City St.: Ward) 2FULL NAME TEderick Filliam Kamp St.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and number.)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Single, MARRIED, WIDOWED. OR DIVORCED (Write the Word)	16 DATE OF DEATH December 22 nd, 1928 (Month) (Day) (Year)
6 DATE OF BIRTH Jany 1st, 1852	17 I HEREBY CERTIFY, That I attended the deceased from 1928 to 2/5, 1925
7 AGE (Month) (Day) (Year) 7 If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or farmer articular kind of work	Chronic nephritis Cive R
(b) General nature of industry business, or establishment in (') which employed or (employer)	Contributory Arleviel Schlerous
10 NAME OF FATHER Strong Kamp.	(Signed) M. D. Dee 27 1928 (Address) Freudsurlle mod
OF FATHER Z (State or country) Lermany, 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER O Appleholt	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or Country) Jermany	At place of death yrs mos, ds. In the State yrs mos ds. Where was disease contracted, Abel as death
14 THE ABOVE IS TRUE TO THE BEST OF MY/KNOWLEDGE	if not at place of death?
(Informant) Mrs. Fred . Kemps	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) / Address) / Millsoulle / Millsoul	Accident Diert, 1948
Filed Hee. 24= 1928 Jospes Kenard Registrar	20 UN DERTAKER ADDRESS ADDRESS Fruite
If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.	

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescup.tion is very important, so that the relative health-Statement of Occupation-Precise statement of oction applies to each and every person, irrespective of Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, nature of the business or industry, and therefore an Physician, Compositor, state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed whatever, write None. For many occupations a single word or term on (a) the kind of work and also (b) the For persons who have no occupation Architect, Locomotive engineer,

Strtement of Cause of Death—Name, first, the DIS-EAST CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL perilonitis," ele. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "E:haustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," (E:haustion," "Heart failure," "Haemorrhage," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY American Medical Association.) (Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Chronie valvular heart disease; Example: Measles (disease etc. The contributory

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V. S. No. 1

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1	•	that it may be properly classified. Exact
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PLACE OF DEATH County Taures	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. / 6
Village or City Rea Oanens of md	St.: Ward) (If death occurred in the property of the property
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw halive on, 192
7 AGE If LESS than I day hrs. // yrs. // mos. // ds. or min.?	. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs mos de
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE 11 BIRTHPLACE	(Signed)
OF FATHER (State or country)	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Jeens Transles	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the
OF MOTHER (State or Country) Many const	At place of deathyrsmosds. Stateyrsmosds Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h? Former or usual residence
(Address) Oanen md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DET. 3, 192
15 Filelet 3 1928 Julia Kowan	20 UNDERTAKER ADDRESS Baldus anderlassing Co Oasone Ima
Received 99, 4 Oct - 3 1928	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits ean be known. The queser," etc., without more precise specification as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Oceupation-Preeise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, House-Physician, business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write None. to know (a) the kind of work and also (b) the For many occupations a single word or term on Compositor, Architect, Locomotive engineer, Stationary fireman, etc. But in

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"(Ezhaustion," "Heart mure, "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Ezhaustion," "Heart failure," "Haemorrhage, stated unless important. use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. ean be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." taken. For violent deaths state means of injuny State eause for which surgical operation was underdiseases approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse, Never report mere symptoms or terminal eondiresulting from childbirth or miscarriage as cough; Chronic Example: Measles (disease ," "Coma," "Convulsions, affection need not etc. The contributory valvular heart Measles disease ;

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60

PHYSI-

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. / 69

(If death occurred in

Soul Kin	ion, give- tend e humber.	e its NAME in- of street and
MEDICAL CER	TIFICATE OF DEA	ТН
16 DATE OF DEATH	5-/37 (Month) (Day	, 192 8
17 I HEREBY CERTIFY	, That I attended th	
192	, to	, 192
that I last saw halive	on	192
and that death occurred on the	e date stated above,	ntm.
The CAUSE OF DEATH & WAR	as follows:	
***************************************	22 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
	(Duration)yrs	mosds,
Contributory Secondary		
(Signed) Edward E	Sollar	
*State the Disease Cr Violent Causes, state (1) Accidental, Suicidal or Ho	using Death, or, in Jeans of Injury: and	deaths from (2) whether
18 LENGTH OF RESIDENCE ients, or Recent Residents)	(For Hospitals, Ins	titutions, Trans-
At place, of death yrs. mos d	In the State,yrs.	mos da.
Where was disease contracted, if not at place of death?	* 0 * 9 ¢ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
Former or usual residence		na grave reserve es en ente e « e « e e e en ente
Recense OF BURIAL OR I	Stamontay.	F BURIAL 6 - , 1928

if more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requestive V. S No. 1.

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. en at home, who are engaged in the Whatever, write None. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as Ai school or Al home, (are should be taken definite salary). may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer. Laborer-Coal mine, etc. Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cupation is very important, so that the relative health-(a) Foreman, (b) Automobile factory. The material Cpinner, (b) Cotton mill; (a) Salesman, (b) Grocery; nature of the business or industry, and therefore au cases, especially in industrial employments, it is neces-Civil engineer. Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomoline engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applie, to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation - Precise statement of octo know (a) the kind of work and also (b) 6 yr.8.). For many occupations a single word or term on or At specifically the occ pations of persons enwithout more precise specification as Day Home, and For persons who have no occupation children, not gainfully emduties of the Wom-

Executive of Cause of Death—Name, first the prixities causing death (the primary affection with respect to time and equation), using always the same accepted term for the same disease Examples: Cerebrospinal lever (the only definite synonym is "Epidemic exerbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia."

inent of cause of death approved by Committee on Nomenclature of the American Medical Association.) head of "contributory." guences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consediseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia." "Weakness." etc., when a definite disease conditions, such as "Asthenia," Poisoned by carbolic acid—probably suicide. train-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railreay as probably such, if impossible to determine definitely and qualify as Accidental, Suicidal, or Homicidal, or State cause for which surgical operation was under-"PUERPERAL seplicacmia." "PUERPERAL peritonitie," "Dropsy," "Exhaustion," "Heart vulsions." symptomatic). "Atrophy." "Collapse, ary), 10 ds. causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer") inges, peritonueum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or Whooping cough; " "Lankion" "Marasmus," "Old Age," "Shock," "Tumor" for malignant neoplasms); For. "Debility" VIOLENT DEATHS STATE MEANS OF INJURY Never report mere symptoms or intercurrent) affection need Chronic valvulur heart ("Congenital," "Senile," etc.), Carcinoma, Sarcoma, etc., of (Recommendations on state-Example: Measles is less definite; avoid "Anaemia" failure." "Haemor-Always quality "Coma," The na-Measles; terminal discase; (merely (second (disease "Conetc 2011

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4. S. No. 1

PHYSI-	PLACE OF DEATH County Lawrell
be stated EXACTLY, PHY be properly classified. Exck of certificate.	Village or Citylear - Buyast
stated E	PERSONAL AND STATIST
ACE should be that it may be ctions on back	Te Male St amer
	7 AGE (Month
fully supplied plain terms so nt. See instruc	8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry
should be carefully E OF DEATH in plain is very important.	business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)
44	10 NAME OF FATHER Jacoh
information state CAUS CCUPATION	OF FATHER (State or Country) 12 MAIDEN NAME OF MOTHER RUSA 13 BIRTHPLACE
item of infi should st nent of OCC	OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BES
CIANS stateme	(Address) 192 Vir
22	Filed (leg 2 192) LT

PLACE OF DEATH County Lanely	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or Cityrean - Buyard WVano. 2FULL NAME Martha adelia Katha	Registration Dist. No. St.: Ward) (If death occurred in a hospital cr institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS 3 SEX	MEDICAL CERTIFICATE OF DEATH
6 DATE OF BIRTH Much 25 (West) (Month) (Day) (Year)	Mionth) (Day) (Year) 17 HEREBY CERTIFY, That I attended the deceased from July 22 1928 to July 3 , 1828, that I last saw be alive on July 3 , 1928,
7 AGE 88 yrs. # mos. 6 ds. or min.?	and that death occured on the date stated above, at 3 m. The CAUSE OF DEATH * was as follows:
a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	General Paralysis mon 10 de
9 BIRTHPLACE (State or country) Frostbusy M. 10 NAME OF FATHER Jacob Chaffer	(Signed) 1924 (Address Bayard YVa)
OF FATHER (State or country) 12 Maiden Name OF MOTHER 13 BIRTHPLACE OF MOTHER OF MOTHER OF MOTHER OF MOTHER	*State the Disease Causing Deads, or, in deaths from Violent Caus.s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Translents or Recent Residents) At place of death yrs mos ds.
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Chrysica Kulymille (Address) Sugard VI 1/a 1	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed Aug 2 192 Virginia M. Harvey, Registrai	Mome Cemelery. Leighb., 1922 20 UNDERTAKER ADDRÉSS L. W. Schrock, Eglon, Wila

If more banks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Spinner, (b) Cotton mill; (a) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Howewife, Househousehold only (not paid Housekeepers who receive a Never return 'Laborer," "Foreman," "Manager," "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Salesman, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Diphtheria (avoid use of "Croup"); obar pneumonia. Bronchopneumonia ("Pneumonia");

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Scnilc," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms; Measles; carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicile; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) Whooping inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of approved by as fracture of skull, and consequences (c. g., sepsus, taken. For violent deaths state means of injury unqualified, is indefinite); Tuberculosis of lungs, menletanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway trainsecondary American Medical Association.) Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, cough; or intercurrent) affection need not be Committee on Nomenclature of the Chronic valvular heart disease; nephritis, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A. I the data is essential and must be obtained before the certificate is permanently filed.



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Village or City Language Mon.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Male White Stronge (Write the word)	16 DATE OF DEATH July 22 , 1928 (Molith) (Day) (Year)
September 14th, 185	that last saw have alive on July 9 1928,
7 AGE- If LESS than I day hrs or min.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory WCCIA Somothe Secondary Charles (Duration) yrs. mos 2 ds. Contributory WCCIA of Somothe Secondary Charles (Duration) by yrs. (mos. ds.
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 10 NAME OF STATES 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	State the Disease Causing Death, for, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ients or Recent Residents) At place of death
(Informant Narren M. Harvey, (Address) Joseph Anna 1957 (Address) 1927 Virginia Harvey	Former or usual yesidence 19 FLACE OF BUBIAL OR REMOVAL DATE OF BURIAL 19 JUNE 19 J
Registrat	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). Spinner, state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specimeavier and laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of business, that fact may be indicated thus; Farner (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on mon, (b) Automobile factory. The material For persons who have no occupation Stationary fireman, etc. But in Locomolive cngmeer,

Statement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaomia," "PUERPERAL peritonitis," etc. carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was under-"Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Never report mere symptoms or terminal condi interstitial nephritis, (name origin; "Cancer" is less definite; avoid cough; or intercurrent) affection need not be Chronic Carcinoma, Sarcoma, etc., of valvular heart disease etc. The contributory Measles;

If this eertificate is looked over thoroughly and al qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

1 PLACE OF DEATH County Javrels 06540 Village or City Mark Day Mark Mr. Day Lew	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTITY, That Attended the deceased from
(Month) (Day) (Year)	that I last saw her alive on free 16, 1928,
7 AGE If LESS than I day hrs.	The CAUSE OF DEATH * was as follows The CAUSE OF DEATH * was as follows
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Simed)
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place of death
(Informant) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address)	Former or unual residence. 19 PLACE OF BURIAL OR REMOVAL UN DERTAKER MORA BOLLEN ADDRESS ADDRESS
If more b.anks are needed, addre.s Ltate Kegistrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queseupation is very important, so that the relative healthshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken loborer, Form laborer, Loborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesmon, additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an Civil engineer, Stationary firemon, etc. But in many whatever, write Nonc. tired 6 business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, g. ged in domestic service for wages, as Servanl, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, (b) Automobile foctory. The inaterial first line will be sufficient, e. g., Farmer or Planter, For many occupations a especially in industrial employments, it is necesyrs). For persons who have no occupation without more precise specification as Doy single word or term on Locomotive engineer, (b) Grocery,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, perilonaeum, etc., Corcinoma, Sarcoma, etc., of 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suncide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitiol nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train— "Atrophy," "Collapse," "Coma," "Convulsions, Chronic affection need not be etc. The contributory valvular heart disease; of the

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data, is essential and must be obtained before the certificate is permanently filed.

July 6 1828

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PLACE OF DEATH County Favrett.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Cakeland, (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME I stead of street are number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married Wildowed. White Write the word)	16 DATE OF DEATH OLD 25, 1928. (Month) (Day) (Year).
6 DATE OF BIRTH hleanles /6, 1849 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased fro
7 AGE . If LESS than I day hrs. or min.?	
particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Zeitersburg 10 NAME OF FATHER Les. W. L. Lohn. 11 BIRTHPLACE	Contributory Secondary (Durstion) (Durstion) (Signed) (Signed) (Address)
OF FATHER (State or country) OF MAIDEN NAME OF MOTHER OF MOTHER Hagustown (State or Country) OF MOTHER Hagustown	*State the listase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trustients or Recent Residents) At place In the State yrs
(Informant) Low L. Lohn (Address) Oaksland Md	Where was disease contracted, if not at place of dea.h? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DATE OF BURIAL DATE OF BURIAL DATE OF BURIAL
15 Filed L 192 Multa Novan Registrar If more b.anks are needed, address tate Registra	20 UNDERTAKER Burroy Bolden Oakless Tr. 16 W. Saratoga St., Balto., Requesting V. S. 100. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification. Idborer, Laborer, Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from g. ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"E:haustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Drcpsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid "PUERPERAL scplicaemia," "PUERPERAL peritonitis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronie etc. The contributory affection need not be valvular heart Nomenclature of the disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Consus and American Public Health Association.)

Whatever, Write None. business, that fact may be indicated thus: Farmer (rg state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as Ai school or At home. Care should be taken work, or At definite salary), may be entered as Housswife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Farm laborer, Laborerer," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer cupation is very important, so that the relative health-(a). Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the the first line will be sufficient, c. g., Farmer or Planter Civil engineer, Stationary firemen, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-"ninner, (b) Cotton mill; (a) Salesman, (b) Grocery; Statement of Occupation-Precise statement of oc 6 yrs.). For persons who have no occupation For many occupations a single word or term on Home, and children, not gainfully em--Coal mine, etc. Wom-

Estaicment of Cause of Death—Name, first, the bisk was causing death (the primary affection with respect to time and causation), using always the same deepted term for the same disease. Examples: Cerebnospinal effect (the only definite synonym is "Epidemic verebrospinal epidemic meningitis"); Dipitheria (avoid use of "Cropp"); Flyphoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

clature of the American Medical Association.)

Lightly certificate is looked over thoroughly and all questions.

Poet of the American Medical Association.)

The experimental in detail, it will prevent further correspondence of the data is essential and must be obtained before the correspondence. Poisoned by carbolic acid-probably suicide. The natrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF taken. For violent beaths state means of injuni State cause for which surgical operation was under-"PUERPLEAL septionemia." "PUERPERAL peritonitis," diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Uracmia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia." "Anaemia" ary), 10 ds. Never report mere symptoms or causing death), 29 ds.; Bronchopneumonia stated unless important. Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); mges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menvulsious," "Debility" (secondary or intercurrent) affection need Whooping cough; Chronic valvular heart disease; (name origin; "Cancer" is less definite; avoid ("Cougenital," "Scnile," etc.), Example: Measles failure," "Haemor-Measles; terminal (merely (second-

S. No. 1

Exact

PLACE OF DEATH	STATE OF MARYLAND
County	CERTIFICATE OF BEAUTY
Pa III	Registration Dist. No.
Village or City Allun No. / My	St.: Ward) (If death occurred in a hospital er institu-
2 FULL NAME Halfand M	tion, give its NAME in- stead of street and number.)
2FOLL NAME / Of W	(act C
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED MARRIED MINOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Number 15 , 1928 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Jan 12 1814	1/10. 5 1928 to Mov. 13, 1928.
(Month) (Day) (Year)	that I last saw harm alive on 1900. 7 1928.
7 AGE	and that death occured on the date stated above, at
54 yrs. 10 mos. 1 ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or	Septica ulcer
particular kind of work	hemorrhage/
(b) General nature of industry business, or establishment in	(Duration) yrs mys ds
which employed or (employer)	Contributory
9 BIRTHPLACE (State or county)	Secondary
10 NAME OF SAAS G	de d
FATHER Cabl	(Signed) M. D. M.
S SHITTHPLACE	
F FATHER State or country ary	*State the Disease Causing Death, or, in deaths from Violent Cause, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of Mother an Janes	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 ERTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or country) Waland	of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Varehall Wake	ususl residence
Colon Mad	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	20 UNDERTAKER ADDRESS
15 Filed 188 14 1928 Julia Cowan	Omerou Rolden Chand m
Registrar	om of officient whater

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If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

S. A. A. Shile Ic.

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REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

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tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. played, as At school, on At home, Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Schwant, Cook, defitite salary), may be entered as Housewife, Houselaborer, should be used only when needed. As examples: a additional line is provided for the latter statement : i sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The queswhatever, write None. Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Spinner, (b) Cotton nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, et . But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Statement of Occupation Precise statement of oc-Physician, Compositor, Architect, Locomotive Foreman, For many occupations a single word or term on Farm laborer, without more precise specification as Day For persons who have no occupation (b) Automobile mill; (a) Salesman. Laborerfactory. The material Coal mine, etc. (b)engineer, (irocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Carebrospinal fever (the only definite synonym is "Upidemic cerebrospinal menticitis"); Diphtheria avoid use of "Croup", Typhoid fever (never report "Typhoid Pneumonia"; Lobar yneumonia. Bronchopneumonia ("Pneumonia.")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrlage," (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train—accident; Revolver would of head-hornelde; Poisoned by carbolec acid—probably smaids. The nature of the injury, "PUERPERAL seplicaemia," "PUERPERAL perilonitis, "Uraemia," "Weakness," ctc., when a definite disease "(Exhaustion," "Heart I stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, tetanus) may he stated under the head of "contributory" as fracture of skull, and consequences (e. g., sersis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICI' A ., taken. For violent deaths state means of injumy 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, American Medical Association.) approved State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Whoolning cough; unqualified, is indefinite); Tuberculosis of lungs, men-..... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, death), 29 ds.; Bronchopneumonia (secondary). resulting from childbirth or miscarriage as Committee on Nomenelature of the Chronic " "Old Age," "Shock," etc. The contributory valendar heart disease; Sarcoma,, etc., of etc.

If this certificate is taked over thoroughly and all quartions answered in detail, it will prevent further correspondence. The data is essential and must be obtained before the certificate is permanently filed.



V. S. No. 1

X		LY, PHYSI- fled. Exact
/	IS IS A PERMANEN RECORD	ed. ACE should be stated EXACTLY, PHYSI-s so that it may be properly classified. Exact
FOR BINDING	PERMANE	should be
FOR	S IS A	d. ACE
0		0 0)

PLACE OF DEATH County Servet 03016	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Frenchoulle (No. 2FULL NAME FELLY M. Cert	St.: Ward) St.: Ward) (If death occurred is a hospital or institution, give its NAME is stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Mel 9, 1928 (Month) (Day) (Year)
6 DATE OF BIRTH (Arough 17, 1928 (Arough) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to
7 AGE yrs. / mos. Z Z ds. or min.?	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	- accidental no Dr'injouration) yes, mos de
9 BIRTHPLACE (State or country) Larrett Co Jud. 10 NAME OF FATHER Havald M. M. Cellery	Contributory Secondary (Duration) (Signed) (Signed) (Address) (Address) (Address)
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homleidal.
OF MOTHER BENTAL D. Trend 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the of death yrs mos ds. State yrs mos dt Where was disease contracted, if not at place of death?
(Address) Defenctswille mo	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Friendswille Centery Mars. 10 = 19 28
Filed Man 10- 1928 Jaspen Duard Registrar	M. M. Davage Inendeville
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. McC

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemoid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesmon, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekcepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Loborer-Coal minc, etc. Womwithout more precise (b) Automobile factory. The material (a) the kind of work and also (b) the specification as Doy 6 The ques-

s; inal meningitis"); Diphtheria (avoid use of "Croap");
Typhoid fever (never report "Typhoid Pneumonia");
Lobar pneumonia, Bronchopneumonia ("Pneumonia,") Statement of Cause of Death—Name, first, the Disky to time and causation), using all ed term for " ed term for the same disease. Examples: Cerebros pinal coferer (the only definite synonym is "Epidemic cerebro-

> approved by Committee on Nomenclature telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. stated unless important American Medical Association.) Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, peritonoeum, etc., Carcinomo, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid (Recommendations on statement of cause of death (secondary unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condior intercurrent) Chronic Example: Measles (disease chopneumonia (secondary), valvular heart discase; affection etc. The contributory need not

answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is It this certificate is looked over thoroughly and all questions

permanently filed.

Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANEN BINDING FOR A NLY, WITH UNFADING INK--THIS IS MARGIN RESERVED WRITE P

V. S. No. 1

N. B.--

PLACE OF DEATH County Sarrett	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. / 6 8
Village or City New Johnsons (No	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME (O mfan	tlon, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
The Point Single, Married, Widowed. OR DIVORCED (Write the word)	16 DATE OF DEATH
Jul 16 , 1928	17 I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw handalive on 192
yrsnosds. If LESS than I dayhrs. ormin.?	and that death occurred on the date stated above, at
B OCCUPATION (a) Trade, profession or particular kind of work	Intercranial Hemorrhay
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. rnos ds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration)
10 NAME OF Les Hellengie	(Signed) at Tracking M. D.
11 BIRTHPLACE OF FATHER (State or country)	*State the Diseaso Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Pulla M= Runzin	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsds, In the Stateyrsds,
4 THE ABOVE IS TRUE TO THE BEST OF ME KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) La marie	Former or usual residence
(Address) RFDs Frosthay had	- mekengie bem Feb 12; 1928
Filed Feb-20 1928 Thomas & Crowe Registrai	No 111 Frostburghed

If more bianks are needed, addre s tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from work, Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia. cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housenwid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved by Committee on Nomenclature, of the accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, American Medical Association.) telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., septis, carbolic acid-probably suicide. The n-ture of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) unqualified, is indefinite); Tuberculosis of lungs, men-(secondary Recommendations on statement of cause of "Atrophy," "Collapse, perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Canccr" is less definite; avoid Never report mere symptoms or terminal condi or intercurrent) affection need not be Chronic valvular heart disease, ," "Coma," "Convulsions, etc. The contributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

ż

PLACE OF DEATH	STATE OF MARYLAND
County Garrett 04233	CERTIFICATE OF DEATH
near of Al	Registration Dist. No. /70
Village or City 7 70 Stor (No.	St.: Ward) (If death occurred in a hospital or institu
2FULL NAME Sonfau	tion, give its NAME in stead of street non number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Upr 14 1928	Gril N 1928. to april N, 1928
(Month) (Day) (Year)	that I last saw h alive on ahthe N 192 P
7 AGE If LESS than	and that death occurred on the date stated above, at 4
l dayhrs.	The CAUSE OF DEATH * was as follows:
yrsmosds. ormin.?	A A A A A A A A A A A A A A A A A A A
(a) Trade, profession or	sufferent carn
particular kind of work	10
(b) General nature of industry business, or establishment in	
which employed or (employer)	yrsrnosds
9 BIRTHPLACE (State or country) mayland	Contributory Secondary (Duration) yrs mos definition
10 NAME OF This PMS Kingie	(Signed) OR Trake M. D
0 11 BIRTHPLACE	192. b. (Address)
OF FATHER (State or country) 12 MAIDEN NAME	Volent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER (State or Country)	At place of deathyrsmosds. In the Stateyrsmosde
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
Den &	Former or
(Informant) of cop. V. III lung it	usual residence
(Address) RADS. Fisting Ind	St anno Cernetery apr 20, 1928
15 Filed apr/9" 1924 Geo B Brown Registras	20 UNDERTAKER ADDRESS Frostburg
	16 V. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer—Coat mme, etc. wour-en at home, who are engaged in the duties of the whatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Spinner, (b) Colton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile fuctory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to cuch and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enadditional line is provided for the latter statement; it Civil engineer, " etc., For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Recommendations on statement of cause of death approved by Committee on Nomenclature tetabus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. Example: Measles (disease earbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tubcrculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, (secondary or intercurrent) affection need "Atrophy," "Collapse," "Coma," "Convulsions," perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi (name origin; "Cancer" is less definite; avoid Chronic valvular heart discase, etc. The contributory not be

It this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

-Every Item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-class should state CAUSE OF DEATH in plain terms so that it may be properly cassified. Exact statement of OCCIDATION is very important. See instructions on hack of certificate. RECORD LY, WITH UNFADING INK---THIS IS A PERMANENT MARGIN RESERVED FOR BINDING WRITE PL

7. S. No. I

PLACE OF DEATH County	08848 STATE OF MARYLAND CERTIFICATE OF DEATH
10 10 %	Registration Dist. No. 16 9
Village or City Deer Park (No	St.: Ward) (If death occurred in a hospitul or institution, give lts NAME instead of a stract and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Trule Widowed (Write the word)	16 DATE OF DEATH 8 - 7 2 , 192 8
6 DATE OF BIRTH 5 2 4 - , 1879 (Month) (Day) (Year	17 I HEREBY CERTIFY, That I attended the deceased from
7 AGE If LESS than I dsy_hrs. 2 mos. 2 3 ds. ormin.?	The CAUSE OF DEATH * was as follows the CAUSE OF DEATH * was as fo
a) Trade, profession or particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Seen Free L. L. D. D. L. C.	Contributory Secondary Duration)
FATHER Sont Provide	(Signed) (Accorded Signed) M. D. Berker M. D
OF FATHER (State or country) 12 MAIDEN NAME	*State the Discase Causing Death, or, in deaths from Violent Caus s, state (1) Mesns of Injury and (2) whether Accidental, Suicidal or Homicidal.
OF MOTHER Haves Willylail	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds. Where was disease contracted, if not at place of death?
(Informant) Will Salar	Former or usual residence
(Address) Deer Varle Ind	Deer Parking lug 23 = 1928 20 UNDERTAKER ADDRESS
Filed U.J-22-192 N White Registral	Envoy Balden Palland, 16 W. Saratoga St., Bulto., Requesting V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Solesman. (b) Grenery; (a) Foreman, (b) Automobile factory. The material whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Cure should be taken definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day loborer, Form laborer, Laborer—Coal mine, etc. Womadditional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a Never return 'Laborer," "Foreman," "Lanager," "Dealworked on may form part of the second statement. the first line will be sufficient, c. g., Farmer or Planter, Statement of Occupation-Precise statement of ocreport specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; sobar pneumonia, Bronehopneumonia ("Pneumonia");

"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, approved by Committee on Nomenclature of the accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicacmia," "PUERPERAL peritonitis," etc. causing death), 29 ds.; Bronehopneumonia (secondary), stated unless important. use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of death letanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury diseases can be ascertained as the cause. tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condi-(secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory inges, perilonaeum, etc., Carcinoma, Sarconu, unqualified, is indefinite); Tuberculosis of lungs, men-.... (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, resulting from childbirth or miscarriage as Example: Measles (disease Always qualify all The contributory etc., of

If this certificate is looked over thoroughly and nil questions answered in detail, it will prevent further correspondence. A ithe data is essential and must be obtained before the certificate is permanently filed.



NLY, WITH UNFADING INK--THIS IS A PERMANEN RECORD MARGIN RESERVED FOR BINDING

V. S. No. 1

PLACE OF DEATH 005	STATE OF MARYLAND CERTIFICATE OF DEATH
County	Registration Dist. No.
Village or City A A No. X	St.: Ward) (If death occurred in a hospital or institution, give its NAME in
2FULL NAME HOWARD	stead of street an number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, APPLIANCE OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH / Worket 3, 1859	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw h MM alive on Dec /6 , 1927
7 AGE Syrs	and that death occurred on the date stated above, atm The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	arterio sclerosis
(b) General nature of industry business, or establishment in	
which employed or (employer)	(Durstion)vrsd
9 BIFTHPLACE (State of country)	Contributory Secondary fig. Durstion)
10 NAME OF FATHERY 11 BIRTHPLACE	(Signed) Ft. Ca (Oflica) M. E.
OF FATHER (State or rountry)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER AND POLE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State of country)	At place of death yrs mos, ds. State yrs mos de Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) A A A A A A A A A A A A A A A A A A A	Former or usual residence 16 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL AND 19
Filed an 5 1928 Whia ToWAN Registrar	20 UNDERTAKER MORY DOLDEN HITH NO MA
If more blanke are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). whatever, write None. business, that fact may be indicated thus; Farmer (to state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Collon mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The For many occupations a single word or term on Farm laborer, Laborer-Coul minc, etc. Wornwithout more precise specification as Day For persons who have no occupation (b) Grocery; material

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted treatment for the same disease. Examples: Cerebrspinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. tclanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stited unless important Example: Measles (disease (name origin; "Cancer" is less definite; avoid approved by (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. chopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; ingcs, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Committee on Nomenclature of the Chronic affection need etc. The contributory valvular heart not be disease;

chis certh swered in deta. data is essential permanently filed. If this certificate is looked over theroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is

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	ORD	that it may be properly classified. Exact
	S A PERMANENT RECORD	perly cl
NG	ANEN	y be pro
OR BINDING	PERM	should t it ma
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PLACE OF DEATH
County Sarvett

042343

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. / 6

Village or City Deer Bork (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word) 6 DATE OF BIRTH	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 192 te , 192 ,
(Month) (Day) (Year 7 AGE If LESS than I day hrs.	and that death occurred on the data stated abave, at
g OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER	(Duretion) yrs do. Contributory Secondary (Darstion) yrs mos do. (Signed)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Discase Causing Death, or, in deaths from Violent Caus. s. state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	iente or Recent Residonts) At place of death
(Informant) The M McRolae (Address) Ser Park Ind. Filed Mar 8- 1928 Allie M. Cerks y	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS ADDRESS

If more blanks are needed, addross State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

3. No. I

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from fulness of various pursuits can be known. The questired 6 yrs). gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emlaborer, er," etc., without more precise specification as Day Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of cupation is very important, so that the relative health whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed to report ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer. Stationary foreman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on Furm laborer, Laborer-Coul mine, etc. (b) Cotton mill; (a) Salesman, specifically the occupations of who are engaged in the duties of the For persons who have no occupation (b) Automobile factory. Locomotive engineer, The (b) persons enmaterial Grocery; Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Lxamples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; shows a pneumonia, Bronchopneumonia ("Pneumonia,")

> "Inanition," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease as fracture of skull, and consequences (e.g., scpsis, tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of approved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. taken. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death American Medical Association.) (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OFINJURY "Heart failure," "Haemorrhage, Chronic valvular heart etc. The contributory Always qualify all disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A ithe data is essential and must be obtained before the certificate is permanently filed.

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S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Stryett 0423	CERTIFICATE OF DEATH
-trace & Co	Registration Dist. No. 169 St.: Ward) (If death occurred in
Village or City FOLU 2 1 (Vo.	a hospital er Institu- tion, give ita NAME ir-
2FULL NAME Trade Mul	stend of street end number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED	16 DATE OF DEATH
(Write the word)	17 I HEREBY CERTIFY, That I attended the decessed from
6 DATE OF BIRTH	, 192, 192,
(Month) (Day) (Year	that I last saw honog allve on Afar 13 , 1928,
7 AGE [If LESS than	and that dooth occured on the date stoted above, at
t day 2 hrs.	The CAUSE OF DEATH * was as follows
yrs, mos. ds. or min.?	Themselve Burch
a occupation (a) Trade, profession or	C, / 1
particular kind of work	
(b) General nature of industry business, or establishment in	(Duration)
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country) Recy Boule To	Secondary (Duration) yrsmosde.
10 NAME OF FATHER STATES OF THE STATES	(Signed) M. D.
IN II BIRTHPLACE	4 7 192 (Address)
Z (State or country)	*State the Discase Causing Death, or, in desthe from Violent Causa, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER LASTER May Function	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of death?
(Informant) Tracy Tradique	Former or usual residence
(Address) File Paris Fund	Deer Paris ma apr 13, 1928.
15 Filed Ofs - 19- 1925 Illis M leshby	20 UNDERTAKER Oattland Ma

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Scrvant, Cook er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Teal-Spinner, (b) Cotton mill; (a) Salesman. (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples : (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. whatever, write None. Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a nuture of the husiness or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, c. g., Farmer or Planter, cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocreport specifically the occupations of persons enor At Home, and children, not gainfully em-For many occupations a single word or term on The quesmaterial Grocery;

whar pneumoniu, Bronchopneumonia ("Pneumonia," EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISthe only definite synonym is "Epidemic cerebrooid fever (never report "Typhoid").

with respect

with respect

permanently fied.

permanently fied.

permanently fied.

"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, tctanus) may be stated under the head of "contributory." carbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State eause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Puerperal septicacmia," "Puerperal peritonitis." etc. "Exhaustion, "Debility" ("Congenital," "Senile," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumoniu (secondary), stated unless important. (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train can be ascertained as the cause. (secondary or intercurrent) affection need not Whooping cough; curonic Chronic interstalial nephrilis, use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY "Heart failure," "Haemorrhage, ChronicExample: Measles (disease valvular heart diseasc; etc. The contributory Always qualify all etc.), "Dropsy,

County Garett	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 164
Village or City / Ceideut Md (No. 2FULL NAME Sacah & M.	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stend of street and number.)
PERSONAL AND STATISTICAL PARTICULAR	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY ERTIFY, That I attended the deceased from (Kinturals Jacob Sune 14, 1928, (Year) that I last saw held alive on June 14, 1928.
1/1/ 7 10 Ide	ESS than and that death occured on the date stated above, at
(b) General nature of industry described to the business, or establishment in which employed or (employer)	(Duration) yrs mys ds.
9 BIRTHPLACE (State or country)	Secondary Successful (Surandon) yrs
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) Many Land	(Signed)
(Informant) Seary Mayroff (Address) after 1928 Of Ruller Reg	Former or usual residence

If more b.anks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. Ac. 1.

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-(a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Aever return 'Laborer," "Foreman," "Manager." "Deal-Spinner, (b) Cotton mill; (a) should be used only when needed. As evamples: c additional line is provided for the latter statement : it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, et . But in many the first line will be sufficient, e.g., Furnaer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation Precise statement of oc whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enplayed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, Physician, Compositor, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day who are engaged in the duties of the Archi'ect, Salesman. Locomolive engineer, (3) (recres;

Statement of Caule of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using slwary the same accepted term for the same disclose. Examples: Cerebrospinal fever (the only definite synonym is "Tpidemic cerebrospinal meningitis"); Diphtherm avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"; Lobar procumonia. Bronchopneumonia "Pneumonia,"

stited unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," ctc.), "Dropsy, "Exhaustion," "Heart failure," "Hacmorrhage, inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; evoid tetanus) may be stated under the head of "contributory accident; Revolver wound of head-homicide; Poiso ed by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOWICI "PUERPERAL septicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or miscarriage as "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e g., se, se, carbolic acid - probably surcide. The nature of the injury, taken. For VIOLENT DEATHS state MEANS OF INJULY can be ascertained as the cause. Always qualify all Whooping American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traincause for which surgical operation was underdeath), 29 ds.; Bronchopneumonia (secondary), by Committee on Nomenclature of the cough; Chronic valvular heart disease; etc. The contributory Mensles ;

If this certificate is icoked over thoroughly and all questions answered in detail, it will prevent further correspondence. As data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH County Garrett	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Welledint mod (No. Marke	Registration Dist. No. St.: Ward) a hospital or institution, give its NAME instead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH DELLE 25th, 1928 (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1928 to bet 35 1928, 1928, that I last saw h Linguise on Del 14 4 1, 1928,
7 AGE 67 yrs. 9 mos. 2 ds. or min.?	and that death occurred on the dato stated above, at 1 20 Pm. The CAUSE OF DEATH * was as follows: Chronic Endocurdatio
a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Hann	(Duration) V yrs. mos. ds.
9 BIRTHPLACE (State or country) Law a coming Md	Contributory Secondary (Duration) 978. 4 mos. — ds. (Signed) M. G. Wedrow M. D.
II BIRTHPLACE OF FATHER (State or country) II MAIDEN NAME,	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homleidal.
of MOTHER January Raying 13 BIRTHPLACE OF MOTHER (State or country) Services	IB LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrs
(Informant) Info Deeglehut	if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Acollet Md 15 Filed Oct 27 1928 a.y. Richter Rogistrar	Le ove Oct. 28, 1928 20 UNDERTAKER ADDRESS Mm. Winterberg Grantsvillety
If man blanks are needed address State Registrat	. 16 W. Saratoga St., Balto., Requesting V. S. No. 1,

(Approved by U. S. Census 2nd American Public Health Association.)

laborer, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken household only (not paid Housekcepers who receive a definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. cupation is very important, so that the relative health-Foreman, For many occupations a single word or term on Farm laborer, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Laborer-Coal minc, etc. Wom-(b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important Example: Measles (disease approved by tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perdonitis, diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Ilaemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptom. causing death), 29 ds.; ... (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Committee on Nomenclature Chronic chopneumonia (secondary), etc. The contributory valvular heart disease Always qualify all not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

CERTIFICATE OF DEATH,
Registration Dist. No. / 66
St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH
The 10 192 to Fee 19 1928.
that I last saw h alive on fundamental 192 8,
and that death occurred on the dete stated above, atm, The CAUSE OF DEATH * was as follows:
Comment of Seminant
(Dutation) yts, mos ds.
Contributory Secondary (Duration) yrs
(Signed) 7. 1928 (Address) O 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
*State the Disease Causing Death, or, in deaths from Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
At place of deathyrsmosds. In the Stateyrsmosds, Where was disease contracted,
if not at place of death?
19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Of Marian Land Marian 22, 1928
20 UNDERTAKER Pursel Bolden Oakland
er, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it eases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housewaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid *Househeepers* who receive a definite salary), may be entered as *Housewife*, *House*en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write None. Physician, Compositor, Architect, report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, Foreman, (b) Automobile factory. The material to know (a) the kind of work and also (b) the For many occupations a single word or term on or At Home, yrs). Farm laborer, without more precise specification as Day Cotton mill; (a) Salesman. For persons who have no occupation and children, not gainfully em-Laborer-Coal minc, etc. Wom-Locomotive engineer, (6)

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, inges, peritonacum, etc., Carcinoma, Sarcoma, etc., ol...... (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. aceident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaenna," "PUERPERAL perilonitis," etc. "Tranition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) approved by (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway traindiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaemia" (merely symptom 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; L. (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Chronic Example: Measles (disease chopneumonia (secondary) etc. The nature of the injury, affection need valvular Nomenclature of the The contributory heart not be disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1.

County Sarrett 04236	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Pauls Mills (No. No. 2 FULL NAME anna Cligal	St.; Ward) A hospital or institution, give its NAMB instead of street and sumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RICE 5 SINGLE, MARKIED, WILLOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	1928, to apr 16, 1928.
January 1/ 1855	that I last saw h alive on 1920,
(Month) (Day) (Year)	and that death occurred on the date stated above, at
l dayhrs.	The CAUSE OF DEATH & was as follows:
particular kind of work. house Keefser	Acron October and
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosde,
9 BIRTHPLACE (State or country) Demasulvania	Secondary (Duration)yrsmosde
10 NAME OF FATHER Cloved and a Mount	(Signed) M. D.
11 BIRTHPLACE OF FATHER (State or country) Pennsylvania	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
of Mother Mary Neuman	18 LENGTH OF RESIDENCE (For Bospitals, Institutions, Trans- ients, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Maryland	At place of death yrs mos da. State, yrs mos da. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Febrson Marist	Former or usual residence.
(Address) Salishury de	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL
Filed april 17 1928 674 Lill Registrar	In I Disterber Controll.
f more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S No. 1 4Md.

CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Furmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a on at home, who are engaged in the duties of the laborer, Farm laborer, Laborer-Coal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager." "Deal-(a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Spinner, (b) Cotton mill: (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of oe For many occupations a single word or term on without more precise specification as

Starcement of Cause of Death—Name, first, the bigs to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebro." spinal meningitis"); Diphtheria (avoid use of "Cronp"); Lobar pneumonia, Bronchopneumonia ("Pneumonia. Typhoid fever (never report "Typhoid pneumonia"): fever (the only definite synonym is "Epidemic eerebro

Numerical Medical Association.) ment of cause of death approved by Committee on head of "contributory." (Recommendations on stateconditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal quenees (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and consetrain-accident: Revolver wound of head-homicide; as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, or taken. For violent Deaths state Means of injury State cause for which surgical operation was under-"Puenderal septicaemia," "Puenderal peritonitie," etc. diseases resulting from childbirth or misearriage as rhage." "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorsymptomatic), "Atrophy," "Collapse," eausing death), 29 ds.; Bronchopneumonia stated unless important. myes, peritonaum, etc., Poisoned by carbolic acid-probably suicide. The na-Examples: ean be ascertained as the cause. Always qualify all "Uraemia," "Werkness," etc., when a definite disease vulsions," Chronic interstitial nephritis, etc. use of "Tumor" for malignant neoplasms); Meastes; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Whooping cough; "Debility" ("Congenital," "Senile," etc.), Accidental drowning; Struck by railway Chronic valvular heart disease; Carcinoma, Sarcoma, etc., of Example: Measles (disease The contributory "Coma," "Con-(second-

PLACE OF DEATH County garret	STATE OF MARYLAN CERTIFICATE OF DE
mar Grands willing	Registration Dist. No. /
2 FULL NAME Tens Manst	a hospital tlon, give i stead of number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MATTIES OR DIVORCED (Write the word)	16 DATE OF DEATH NOvember 21 St. (Month) (Day) 17 I HEREBY CERTIFY, That I attended the
6 DATE OF BIRTH	November 21 St 1928 , to November 21
May 6-1860 (Day), 1 (Year)	November 21 St
7 AGE If LESS than	The CAUSE OF DEATH & was as follows:
.68yrs6mos15ds.ormin.	
particular kind of work. HOUSE Wife (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Somerset Co. Pa.	Contributory Chronic Organic Heart I Secondary (Duration) 2 yrs
10 NAME OF FATHER Samuel W Fike.	(Signed) Margham 22 (Q)
11 BERTHPLACE OF FATHER (State or country) Somerset Co. Pa.	*State the Disease Causing Death, or, in der Violent Causes, state (1) Means of Injury; and (2 Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Elizabeth Keim.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country) Somerset (10 Pa	At place of deathyrsmosds. State,yrs
(Informant) Labelto The BEST OF MY KNOWLEDGE (Sufficient Control of Control	if not at place of death?
Filed 1-7-24 1928 674 Bill	20 UNDERTAKER ADDRESS

STATE OF MARYLAND CERTIFICATE OF DEATH

			11	
Registration	Dist	No	16	1

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and number.)

6 DATE OF DI	EATH			
NOv	ember	21 St.		192.8
		(Month)	(Day)	(Year
			tended the de	
November	21 St 19:	8 . toNove	mber 21 s	ţ, 192
at 1 last saw				
nd that death	occurred on t	the date state	d above, at	9
he CAUSE OF	DEATH % we	as as follows:		
Acute Dil	atation	Of Heart	•	
	18			
****************	5740 000 000 000 000 000 000 000 000 000			
	00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			
				2
		. (Duration)	yram	108
1,571	(Thomas :	a freezens a	Hoost Da	00000
	. ATTOUT	r Arganro	Heart Di	.sease.
Secondary				
		(Duration)?	YTRAn	
	//	. (Duration)	911	108
Signed)	15/11	11/11/11/11		M.
DIRILEG)	77777			0 /
ovember 22	168 (14)	ress) . All for	or AddAl	lun for
V.1.9(11).V.1.147	Mau	C88)	W. J. Land Company	4-
*State th	e Disease C	husing Death	or, in deat	ns irom
Accidental, S	es, state (1)	Means or In,	mry; and (2)	whether
LENGTH OF	RESIDENC	E (For Hosp	Itals, Instituti	ons, Tra
ients, or Recei	nt Residents)		
		In the		
t place f deathyra	mos	da. Stat	eyrs	mos
Vhere was disease of dea				
not at place or dea				
	#146 ·	****************)
ormer or	#111 · · · · · · · · · · · · · · · · · ·	*****************	0 maaguu 000 000 a 8 0 0 00 fts +0 0 0 0	\$ 0.00 Be oo 60 B 0.00 P
ormer or		., +,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0 100 Suy 000 000 0 00 0 0 0 0 0 0 0 0 0 0 0 0	0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -
ormer or sual residence			DATE OF B	URIAL
ormer or sual residence			11 0	
ormer or sual residence			11 0	
ormer or sual residence PLACE OF B	burial or		11-2	URIAL 4, 192
ormer or sual residence	burial or		11 0	

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Baito., Requesting M. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

en at home, who are engaged in the duties of the worked on may form part of the second statement.

Never return "Laborer." "Foreman," "Manager," "Deal-Spinner. (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, specially in industrial employments, it is neces-Civil engineer, Stationary firemen, etc. But in many Physician, Compositor: Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applie, to each and every person, irrespective of fulness of various pursuits can be known. The ques cupation is very important, so that the relative healthbusiness, that fact may be indicated thus: Farmer (restate occupation at loginal ig of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, to report specifically the occupation: of persons enployed, as At school or At home. Care should be taken definite salary), may be entered a Housewife, House household only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer er," etc.. (a) Foreman. (b) Automobite factory. Whatever. write None. tired 6 yrs.). Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook work, or At Statement of Occupation Precise statement of oc-For many occupations a single word or term on without more precise specification as Day Home, and children, not gainfully em-For persons who have no occupation -Coal mine, etc. The material TTO TH

Statement of Cause of Death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphth-ria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"): Lobar pacumonia, Bronchopneumonia ("Pneumonia.")

stated unless important. Example: Mcastes (disease use of "Tumor" for malignant neoplasms); inges, peritonacum, etc., Carcinona, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menqueuces (e. g., sepsis, tetanus) may be stated under the as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL peritonitis," diseases resulting from childbirth or misearriage as can be ascertained as the cause. Always qualify all "Uraemin," "Weekness." etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhausticn," "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" ary), 10 ds. causing death), 29 ds.; Bronchopneumonia (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; Chronic valvular heart discuse; (name origin; "Cancer" is less definite; avoid ment of cause of death approved by Committee on Poisoned by carbolic acid-probably suicide. train-accident; Revelver wound of head-homicide; Examples: Accidental drowning; Struck by railway taken. vulsions," Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and eonse-FOR VIOLENT DEATHS STATE MEANS OF INJURY "contributory." "Debility" ("Congenital," "Senile," etc.), Never report mere symptoms or terminal (Recommendations on state-Measics; (second-(merely ..Con-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.



PLACE OF DEATH County Yarrett 0654	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. / 7 &
Village or City avulton (No.	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME David michael h	tion, give its NAME in- stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MUTULA WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 15 th , 192 8
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw how alive on April 25 1928,
7 AGE If LESS than day hrs. day hrs. or min.;	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or Retried Farmer	arterio Seleroses
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary
10 NAME OF FATHER THE MERTILL	(Signed) M. McNermatt M. D. M. D. M
OF FATHER Z (State or country) Maryland	*State the l'is ase Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Gleanor Weitzell	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or
(Informant) lesse C. Merrill (Address) Londaconing. Mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Robinson Cemitery June 17, 19 26
15 Filed June 17 1928 Geo B Brown	20 UNDERTAKER HADDRESS GANDENIAL LUCE
15 more banks are needed, address State Registra	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er, etc., willioner, Laborer-laharer, Farm laborer, Laborer-Spinner, (b) Collon mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. tle first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Screant, Cook, work, or At Home, and children, not gainfully em-ployed, as At school, or At home, Care should be taken definite salary), may be entered as Housewife, Housewhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Liousemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Foreman, For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day (b) Automobile factory. The material -Coal mine, etc. Wom-Locomoline engineer, But in many Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "PUERPERAL septicaemia," "PUERPERAL peritonilis," etc. can be ascertained as the cause. Always qualify all "Exhaustion," "Heart range, "Gld Age," "Shock, "Inanition," "Marasmus," "Old Age," "Shock, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mentelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was underdiseases tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, approved by Committee on Nomenclature of the carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Whooping cough; American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as (name origin; "Cancer" is less definite; avoid Chronie etc. The contributory affection need valvular heart not be disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

Z.

PLACE OF DEATH	STATE OF MARYLAND
County Ayaull	CERTIFICATE OF DEATH
0, - 1	Registration Disk No.
Village or City Mulsville (No. 2FULL NAME Marie Mill	St.: Ward) (If death occurred in a hospit if or institu- tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hemale Market Strate Willowed (Write the word)	16 DATE OF DEATH 16 DATE OF DEATH 16 DATE OF DEATH (Month)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw hel alive on four 24, 1928,
8 8 yrs. 10 mos. 15 ds. or min.?	. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Purglion) yrs. mos. ds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yis mass ds.
10 NAME OF FATHER Jacob Joden 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Cuchuran 13 BIRTHPLACE OF MOTHER (State or country) Cuchuran	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. In the State yrs mos ds.
(Informati) Mis Weenel Bender	Where was disease contracted, if not at place of death? Former or usual residence
(Address) Spantsville Jack	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Jan 28, 1928
15 Filed Jan 27 1928 6 14 Suit	20 UNDERTAKER - terbug & sentroille

If more blanks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Serund, Cook ployed, as At school, or At home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, er," etc., without more precise specification as Day worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager." "Dealsary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive tion applies to each and every person, irrespective of Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer. yrs). (b) Cotton mill; (a) Salesman. (b) For persons who have no occupation (b) Automobile fuctory. The material Laborer--Coul minc, etc. Womengineer, Grocery,

fever (the only definite synonym is "Epidemic cerebry, spinal meningitis"); Diphiheria avoid use of "Croup"); ed term for the same disease. Examples: Cerebros EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accept-Typhoid fever (never report "Typhoid Pneumonia"; Statement of Cause of Death-Name, first, the Dispneumonia, Branchopneumonia ("Pneumonia, Monde

> stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid approved by tclanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine defluitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaomia," "PUERPERAL peritonitis," etc. diseases can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e. g., sepsis Examples: Accidental drowning; Struck by railway train-Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, resulting from ehildbirth or miscarriage as Committee on Chronic valvular heart disease; etc. The contributory Nomenclature not be

Edata answered in detail, it will prevent further correspondence. TII tird certificate is looked over thoroughly and all questions permadently filed. essential and must be obtained before the certificate is

V. S. No. 1

PLACE OF DEATH	07657 STATE OF MARYLAND
County Savell	CERTIFICATE OF DEATH
00 00 0	Registration Dist. No. 66
Village or City Cahland. (No.	St.: Ward) (If death occurred in a hospital or institu-
Continues and the land of the	Lek Moon and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Single, Married, Widowed. OR DIVORCED (Write the word)	16 DATE OF DEATH July , 192
6 DATE OF BIRTH (Mghth) (Day) (Year)	that I last saw h Malive on Many 1928,
7 AGE . If LESS than	
57 yrs. 10 mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
yrsds. ormin,}	04
(a) Trade, profession or	Dirula Ty automovill
particular kind of work \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Business, or establishment in	(Duration) vrs. mos. de.
which employed or (employer)	Contributory My Cardelist January Justine
9 BIRTHPLACE (State or country)	Secondary (Duration) yrs mos ds.
10 NAME OF FATHER ON T. Moder,	(Signed) M. D. M. M. D. M. M. D. M. D. M.
OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Engla atall	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs nos ds, Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) Mrs. Hell Moore,	Former or usual residence.
(Address) Paland W.	Red House less pulse 3, 1928
15 Filedery 2. 192 tilia Jowan Registrar	Euroy Bolden lakiand, Md
If more banks are needed, addre.s State Registrat	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as rull laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) fulness of various pursuits can be known. The questired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Houseniaid, etc. If the occupation has been changed definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully employed, as *At school*, or *At home*. Care should be taken additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material Compositor, Architect, For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer,

Strtement of Cause of Death—Name, first, the Dis-EAR TAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "eontributory." accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL perilonilis, "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles approved by Committee on Nomenelature of the carbolic acid-probably suicide. The nature of the injury, and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State eause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the eause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing (secondary or intercurrent) affection need not be Whooping cough; American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainunqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Never report mere symptoms or terminal condideath), 29 ds.; Bronchopncumonia (sceondary) interstitial nephritis, (name origin; "Caneer" is less definite; avoid " "Marasmus," "Old Age," "Shoek," Chronic Carcinoma, Sarcoma, etc., of etc. valvular heart disease; The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

should be carefully supplied. ACE effould be stated EXACTLY, PHYSI-E CF DEATH in plain terms so that it may be proportly classified. Exact is very important. See instructions on back of certificate. BINDING MARGIN RESERVED ould state CAUSE OF DEATH in pia of information

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	ORD	N. O.T.

PLACE OF DEATH

County	Garrett

²FULL NAME

1	, <u>B</u>	20	

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

Village or City Mt. Lake Park, Md(No.

William Henry Moon

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and Ward) number.)

Oct. 86, 1928

ADDRESS

PERSONAL AND STATISTICAL PARTICULARS

M		olor or RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORC (Write the wo	Married (FD)
6 1	DATE OF BIRTH			
	*****	Oct.	9 (Day)	, 1846 (Year)
7 /	AGE 82	yrs. 0	.mos. 6	If LESS than I day hrs. ds. or min.?
244	a) Trade, profession trade, profession trade, profession trade of the control of	of industry shment in	Farmer	
9 1	(State or country)	Me	aryland	
	10 NAME OF FATHER	Benjam:	in Moon	
S	11 BIRTHPLACE OF FATHER (State or coun	try) Unkn	own	
L			Harvey	
PARENTS	12 MAIDEN NAM OF MOTHER	1E	Harve	у

MEDICAL	CERTIFICATE	OF DEATH
---------	-------------	----------

16 DATE OF DEATH			
Oct. 15,	1928	18	92
(Month	1)(1)	ау)	(Year)
17 I HEREBY CERTIFY, Tha Oct 13, 1928 192 to			
that I last saw h im alive on C	ct. 13,	1928	192
and that death occurred on the date The CAUSE OF DEATH * was as follo Chronic Nephritis titis	ows:		
Self inserted Cathete	r life	for 7 y	esrs
Contributory Secondory (Duration (Duration (Signed) (Address)	wafi	,mos	ds. M. D.
*State the lisease Causing Violent Causea, state (1) Means Accidental, Suicidal or Homicidal.	Death, or, of Injury	in deaths and (2) W	from hether
18 LENGTH OF RESIDENCE (For ients or Recent Residents)	Hospitals,	Institution	s, Trans-
At place of deathds.	In the State	yrsmo	eds.
Where was disease contracted, if not at place of death?			
Former or usual residence			
O DI ACE OF BURIAL OR REMOVAL	D	ATE OF BL	RIAL

Oakland, Md If more banks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

Registras

Home cemetery

Bolden Undertaking Co

20 UNDERTAKER

CIANS should a statement of OC

15

(Address)

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile fuctory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocer," etc., without more precise specification as Laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from g ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheriu (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of "Exhaustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, tetanus) may be stated under the head of "contributory." or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoncd by Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-ChronicExample: Measles (disease etc. The contributory affection valvular heart need discase;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

113

	PLACE OF DEATH	(
•	ounty Marrell	
Vill	ige or City Sleyon Milo.	••••••
	2 FULL NAME Charles Kandolfs	L
	PERSONAL AND STATISTICAL PARTICULARS	
3 9	While Write the word)	16 D.
6 D	ATE OF BIRTH N. A.	17
	(Month) (Day) (Year)	that
7 A	It LESS than	and (
P (l	Trade, profession or reticular kind of work General nature of industry siness, or establishment in hich employed or (employer)	()
9 6	(State or country) Md.	С
	10 NAME OF Dalis More	(Sign
STA	OF FATHER (State or country)	v
ARENT	12 MAIDEN NAME () A+	18 L
۵	OF MOTHER (State or country)	At pl of de When
14	Danis Man	if no Formusual
	(Informant) Salary (Misser) (Address) Salary (Misser)	19 P
15		20 L

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 157

Ward)	(If death occurred in a hospital or institution, give its NAME is stead of street an number.)	u·
TATEO	FDCATH	

MEDICAL CERTIFIC	CATE OF DEATH
16 DATE OF DEATH Seff	3 N., 192 8
17 I HEREBY CERTIFY. The	at I attended the deceased from
No time 192 . 10	No true , 192
that I last saw halive on	, 192
and that death occured on the date	stated above, at 2, 4 m
The CAUSE OF DEATH * was as foll	lows:
anknown (No Physician
Lastro-enteritis: 3 wee	on)yrsmns ds
Contributory Secondary	
(Signed) Wolf Division (Address)	trale M. D.
*State the Discase Causing Violent Caus.s, state (1) Means Accidental, Suicidal or Homicidal.	
18 LENGTH OF RESIDENCE (For ients or Recent Residents)	Hospitals, Institutions, Trans
At place of deathyrsds.	In the Stateyrsmosda
Where was disease contracted, if not at place of death?	
Former or usual residence	
19 PLACE OF BURIAL OF REMOVAL	DATE OF BURIAL
While Church	Seft. 5- , 1970
20 UNDERTAKER MI Balden	Oak Candles
11 Joean	Care will

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Taborer, en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) Spinner, (b) Collon mill; (a) Salesman. (b) Grocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health. Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Physician, Compositor, Architect, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Housemuid, etc. Foreman, For many occupations a single word or term on or At Home, and children, yrs). For persons who have no occupation Farm laborer, Laborerwithout more precise specification as Day (b) Automobile factory. The material If the occupation has been changed -Coal mine, etc. Wom-Lacomotive engineer, not gainfully em-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corobrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepwis, tetanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptonicausing death), 29 ds.; Bronchapneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; "PUERPERAL septicaemia," "PUERPERAL peritonitis," elediseases resulting from childbirth or miscarriage as (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably smeide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. American Medical Association.) approved by Committee on (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic valvular heart disease; Example: Measles (disease The nature of the injury, etc. The contributory Nomenclature Always qualify all of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

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Every Item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact RECO ITH UNFADING INK-THIS IS A PERMANEN

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	WRITE	M. B. Fvery Item of information
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V. S. No. 1	1	Ţ
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PLACE OF DEATH	09992 . STATE OF MARYLAND
County Garrett	CERTIFICATE OF DEATH
v+P1P1	Registration Dist. No. 6
Village or City Le Carlo. 2FULL NAME M. Plentone	St: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 192 8
6 DATE OF BIRTH (Month) (Day) (Year	that I last saw h an alive on 1928,
7 AGE 72 yrs. 9 mos. 8 ds. If LESS th	nts. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work	Carmone of Mechan
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duralion)
10 NAME OF FATHER MAJE Sunders	(Signed) 7. J. Broadwate M. D.
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Janey and Well	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs mos, ds, State yrs mos ds, Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	where was disease contacted, if not at place of death? Former or
(Informant) Magan	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) O 192 Ulia Coros Registras	20 UNDERTAKER Bolden Orkland
If more blanks are needed, addre.s Ltate Regist	trar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemuil, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed. as At sehool, or At home. Cure should be taken work, or At Home, and children, household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife*, *House*laborer, Farm theorem, Lawrence en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons en-Physicium, Compositor, Architect, borer, Farm laborer, Laborer—Coal mine, etc. Womfirst line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). (b) Cotton mill; (a) Salesman. (b) Grocery. man, (b) Automobile foctory. The material For persons who have no occupation Locomotive engineer, not gainfully em-Grocery;

Stritement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Exhaustion," "Heart lauure,
"Old Age," "Shock,"
"Inanition," "Marasmus," "Old Age," "Shock," tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the as fracture of skull, and eonsequences (c. g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was underean be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), Whooping eough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal eondi Chronic valvular heart disease etc. The contributory

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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

g an	(If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICA	TE OF DEATH
16 DATE OF DEATH (Month)	(Day), 192 (Year)
17 I HEREBY CERTIFY, That I	attended the deceased from
that I last saw halive on	
	, 192
The CAUSE OF PEATH A was as follow	iding in
•	
Contributory Secondary	yrsds,
(Signed) 192. (Address)	work hoo da
*State the Disease Causing De. Violent Causes, state (1) Means of Accidental, Suicidal or Homicidal.	Injury; and (2) whether
18 LENGTH OF RESIDENCE (For Helients, or Recent Residents)	ospitals, Institutions, Trans-
	the State,yrsmosda
Where was disease contracted, if not at place of death?	
Former or usual residence.	
19 PLACE OF BURIAL OR REMOVAL	CATE OF BURIAL
Bayard, Uhla.	Pel 3, 1928
20 UNDERTAKER	ADDRESS

PERSONAL AND STATISTICAL PARTICULARS

OR DIVORCED (Write the word)

6 DATE OF BIRTH

See Instructions

V ACE

FOR

MARGIN RESERVED

WITH UNFADING INK---THIS

be carefully supplied

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DEATH In

OF

state OAUSE

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Every item of CIANS should statement of

WRITE

S. No. 1.

is very important.

(Month) (Day) (Year) 7 AGE If LESS the l day....hr

SOCCUPATION (a) Trade, profession or particular kind of work

(b) General nature of industry business, or establishment in which employed or (employer).....

9 BIRTHPLACE (State or country)

10 NAME OF

FATHER ENTS 11 BIRTHPLACE OF FATHER (State or country) AR

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

(Address) 15

Registrar

If more blanks are needed, address State Registrar. 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (reor given up on account of the disease causing death, ployed, as At school or At home. Care should be taken gaged in domestic service for wages, as Scrvant, Cook definite salary), may be entered as Housewife, House household only (not pald Housekeepers who receive a en at home, who are engaged in the dutles of the er," etc., without more precise specification as Day Housemaid, etc. to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer-Ceal mine, etc. Wom-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or Industry, and therefore an (a) Foreman, (b) Automobile factory. sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. Physician, Compositor, Architect, Locomolive engineer, the first line will be sufficient, e, g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc For many occupations a single word or term on If the occupation has been changed The material But in many

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Carchrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"). Lobar pneumonia, Bronchopneumonia ("Pneumonia,").

use of "Tumor" for mallgnant neoplasms); ment of cause of death approved by Committee on head of "contributory." quences (e.g., sepsis, tetanus) may be stated under the train-accident; Revolver wound of head-homicide; Nomenclature of the American Medical Association.) ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. The naas probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or momicidal, or diseases resulting from ehildblrth or miscarriage as rhage," "Inanition." "Marasmus," "Old Age," "Shock," symptomatle), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal stated unless important. Example: Mensles (disease Examples: Accidental drowning; Struck by railway taken. For violent deaths state means of injury State cause for which surgleal operation was under-"PUERPERAL 8cp:icacmia,""PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes:" etc., when a definite disease "Dropsy," "Exhaustion," "Heart fallure," "Haemorvulsions," causing death), 29 ds.; Bronchopneumonia (name origin; "Caneer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory Whooping cough; inges, peritonacum, etc., Carcinomu, Sarcoma, etc., of "Debllity" ("Congenital," "Senile," etc.), Chronic valvular heart disease; (Recommendations on state-Meastes; (merely (second-

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PLACE OF	FDEATH	01000			ARYLAND
County Ja	with	(121)	CER	TIFICATE	OF DEATH
	^	(3)		Registration Di	ist. No. / 6 6
Village or City)	T. Lake Parkino.	11	St.:	Ward)	(If death occurred in a hospital or institu- tion, give its NAME ir- stead of street and
2FULL 1	NAME CIUS	vurp			number.)
PERSONAL	AND STATISTICAL PARTICULA	ARS	MEDICAL CEI	RTIFICATE O	F DEATH
Fernal.	COLOR OR RACE 5 SINGLE, MARRIED, MA WIDOWED, OR DIVORCED (Write the word)	ried 16 DATE	OF DEATH	(Mouth)	9 , 192 8 (Year)
6 DATE OF BIRTH		170	I HEREBY CERTIF	FY, That batter	nded the deceased from
d	March 17,	1849 that I la	192	001	18 1928,
7 AGE			death occurred on t	he date stated a	bove, at 2 00 A.m.
7			JSE OF DEATH * was	as follows:	
8 OCCUPATION (a) Trade, profes particular kind of		min.	y o met x	101-	
(b) General natur business, or estab				(Duration)	nue mos de
which employed o		,,		(Duration)	
9 BIRTHPLACE (State or country	Da.		ributoryondary	(Durstian)	yısds,
10 NAME OF)	- to:	n. J. B.	a sowal	M. D.
FATHER	nichalls	(Signed)	2 0 1928 (Addie	an Oar	and mil
OF FATHER (State or cou	intry) Pa.				or, in deaths from any and (2) Whether
12 MAIDEN NA OF MOTHER			TH OF RESIDENC or Recent Residents)		ls, Institutions, Trans-
13 BIRTHPLAC OF MOTHER (State or Cou	(0)		yrs mos.	ds. In the	yrsds.
14 THE ABOVE IS T		GE Where we	place of death?	±0 ====================================	90 000 0 000 0 000 0 000 0 000 0 000 0 000 0
(Informant) A	To the Must	111	dence		
(Address)	Fairmont No	Vie 7	E OF BURIAL OR RI	PA I	DATE OF BURIAL
15 Filed truly	20 192 8 July Rowa	20 UND	PERTAKER B	olden	address alleng 14
	If more bianks are needed, addre.s ta	te Kegistrar, 16 W. S	aratoga St. Balto., I	Requesting V. S.	No. 1.

MARCE

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) tired 6 yrs). Spinner, additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm, laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the er," etc.; without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is necestion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, Architect, report specifically the occupations of persons en-Foreman, first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman. For persons who have no occupation (b) Automobile factory. The material Stationary fireman, etc. But in many Locomotive engineer, (3) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinul fever (the only definite synonym is "Epidemic cerebrospinul meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus, Ulu Age,
"Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarçona, etc., of American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be Whooping cough; (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi interstitial ncphritis, Chronic etc. The contributory valvular heart disease

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	PLACE OF DEATH
	County Variett
Vi	llage or City Daklaud (No.
and the same	2 FULL NAME Kennette Grea
	PERSONAL AND STATISTICAL PARTICULARS
3 :	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
6	DATE OF BIRTH Maa 197 (Month) (Day) (Year)
7 /	If LESS that dayhr
E F	a) Trade, profession or particular kind of work b) General nature of industry
1	ousiness, or establishment in which employed or (employer)
	10 NAME OF PATHER Nelson Meliken
ARENTS	OF FATHER (State or country) Calloud
PAR	OF MOTHER Grace Rolyand
	13 BIRTHPLACE OF MOTHER (State or country)
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
	(Informant) Nelson Metlytten
15	(Address) (A) PHN (A) N (A)
<	Filed II Le 1928 Willa Rowan Registrar

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

laklauc (No.	St.: Ward) (If death occurred in a hospital or institu-
NAME Kennette Fred	eriek lettiku tion, give its NAME in- stead of street and number.)
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED	16 DATE OF DEATH June 1928
(Write the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
Mas 1 , 1927	The 21 1928 to the 22 , 1928.
(Month) (Day) (Year)	that I last saw h alive on 22 , 1928,
yrs. 11 mos. 22 ds. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
ession or Infant	Bennes Permane
ore of industry blishment in or (employer)	(Duration) yrs. 7 ds.
md.	Contributory Secondary (Duration) yrs mos ds.
Melson Milhten	(Signed) M. D. M. D. M. D. M. D.
ountry) ackland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
Grace Bolyard	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
country) W. Va.	At place of deathyrsmosds. In the Stateyrsmosds,
TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
lesson retlyten	usual residence
WAT PHNU // Q	Oaklusel Middet 24, 1928
-3 1928 Julia Rowan Registrar	Emrey Bolden Gaklend
	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

·laborer, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a first line will be sufficient, e. g., Farmer or Planter, Foreman, (b) Automobile factory. The inaterial For many occupations a single word or term on or At Home, and children, yrs). For persons who have no occupation Farm laborer, Laborer--Coal mine, etc. Womnot gainfully em-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

tctanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Exhaustion, "Debility" ("Congenital," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaenia" (merely symptomcausing death), 29 ds.; L. stated unless important (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-Whooping Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; 'Congenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage, Chronic Example: Measles (disease chopneumonia (secondary), The nature of the injury, etc. The contributory valvular heart disease; Nomenclature of the Always qualify all Measles;

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PLACE OF	DEATH	-	1
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STATE OF MARYLAND CEDTICICATE OF DEATH

-	CERTIFICATE OF DEATH
Village or City Beltiniger (No	St.: Ward) St.: Ward) (If death occurred in a hospit t or institution, give its NAME istend of atreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Alemale Whether the word) 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 12 , 1928, (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to by 1 2 , 192 5 that I last saw h 1 alive on by 1 2 , 192 5
yrs. mos. / ds. or 30 min.?	The GAUSE OF DEATH * wea as follows:
a) CCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Breech presentation, Duranton's during delivery.
9 BIRTHPLACE (State or country) Me of	Contributory Secondary (Puration) yrs
10 NAME OF Wahlan & Oester	(Signed) 1. A. A. Que M. D. (Address) Alexanterelle
OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER WINTER 13 BIRTHPLACE OF MOTHER (State or country)	At place of deathyrsmosds. In theyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Address) Bittinger, Mil,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL A Mingr Sele 10 1928
15 Filed Leb, 13 1928, J. B. Brung	29 UN DERTAKER ADDRESS

If more bianks are needed, addre. s State Registrar, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

WRITE

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully emer," etc., without more precise specimeanne, laborer, Farm laborer, Luborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physicion, Compositor, Architect, Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Automobile factory. The material Stationary fireman, etc. But in many Locomotive engineer Grocery,

whatever, write Nonc.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect
to time and causation), using always the same accepted term for the same dise se. Examples: Cerebrospinal
fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilieria: avoid use of "Croup");
Typhoid fever (never report "Typhoid Pneumonia");
Than pneumonia, Branchopneumonia ("Pneumonia");

telanus) may be stated under the head of "contributory." "Exhaustion," "Heart failure, "Shock," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (c. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injury Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, or intercurrent) affection need not be Chronic etc. The valvular heart disease, contributory

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Strtement of Cause of Death—Name, first, the DISEANT (NUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebros; inal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perilonilis, "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, use of "Tumor" for malignant neoplasms); Measles; approved by Committee on as fracture of skull, and consequences (e. g., sepens, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Whooping cough; Chronic valvular heart unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Come," "Convulsions," perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is loss definite; avoid affection need not be etc. The contributory Nomenclature of the disease;

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0.9	9993		
PLACE OF DEATH		STATE OF	MARYLAND
County Facet	(0)	CERTIFICATE	OF DEATH
	(2)		Dist. No. 164
Village or City account Mo.		St.;/ Ward	(If death occurred in a hospital or institu-
2FULL NAME		Oliver	tien, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDI	CAL CERTIFICATE	OF DEATH
Jewale A COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATI	Aliellony	(Day) (Year)
DATE OF BIRTH	17 I HEREI	BY CERTIFY, That I at	tended the deceased from
Sef 7, 1928		192 to	, 192,
(Month) (Day) (Year)		alive on	, 192,
Prancations birth I day hrs. yrs. mos. ds. or min.?		urred on the date states ATH * was as follows:	d above, atm.
(a) Trade, profession or particular kind of work			
business, or establishment in which employed or (employer)		(Duration)	yrsds.
BIRTHPLACE (State or country) accordent Ma	Contributory Secondary	Of (Puration)	
10 NAME OF Martin Co Oliver	(Signed)	(Address) Je	M. D.
OF FATHER (State or country) State or country	*State the Violent Causes, Accidental, Suicida	Disease Causing Death state (1) Means of 1	er, in deaths from njury and (2) Whether
OF MOTHER Of Lua & Margatt	-	ESIDENCE (For Hospi	tals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or country) Cocident Mal	At place of deathyrs	In the	teyrsmosds.
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease con if not at place of de	ntrseted, ea.h?	
(Informant) Esua & May off	Former or usual residence		
(Address) Cecilech - Mil.	19 PLACE OF BURI	ent md.	Selvi 9, 1928
Filed Sep 8 1928 Ce. J. Richter	20 UNDERTAKER	0	address and dent ma

(Approved by U. S. Census and American Public Health Association.)

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'telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid—probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Whooping cough; use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcona, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature or as probably such, if impossible to determine definitely. taken. For violent deaths state means of injuly can be ascertained as the cause. Always qualify all (secondary Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condior intercurrent) affection need not be Example: Measles (disease etc. The contributory

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Every Item of Information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate. RECORD MLY, WITH UNFADING INK --- THIS IS A PERMANEN MARGIN RESERVED FOR BINDING WRITE P

4. S. No. 1

N.B.

Village or City Many Frances	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of atreet and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
B SEX 4 COLOR OR RACE MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Year) 17 I HEREBY CERTIFY, That I attacked the deceased from 1928. to 1928.
(Month) (Day) (Year)	that I last saw handalive on Come 2
7 AGE [If LESS than	and that death occured on the date stated above, at
15 yrs. 3 mos. ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Duration) yrs. mrs. de.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrsmosds.
10 NAME OF Silae Marrice	(Signed) 11, C. Heccebacy M. D. May 2 1925 (Address) Descend 7M
OF FATHER (State or country) (Manour)	Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos ds. In the State yrs mos ds.
(Informant) Age. Floda a aust	Former or Javal residence
15 (Address) caller Ma 15 (Fila May 2 1928) yelia Cowan Rogistras	Der facte met dagt, 1911.
If more banks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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WEITE P

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

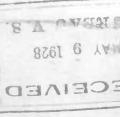
(Approved by U. S. Census and American Public Health Association.)

taborer, Farm laborer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) Salesman.
(a) Foreman, (b) Automobile foctory. should be used only when needed. nature of the Jusiness or industry, and therefore an additional line is provided for the latter statement: it sary to know but the kind of work and also (b) the Civil engineer, Stationary fireman, ct. But in many cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g. Turmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. cupation is very important, so that the relative health Statement of Occupation-Trecise statement of ocor given up on account of the DISEASE, CAUSING DEATH, state occupation at beginning of illness. If retired from to report specifically the occupations of persons enplered, as At school, or At home. Care should be taken wor, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Physician, business, that fact may be indicated thus; Farmer (reguged in domestic service for wages, as Servant, Cook, whatever, write None. Housemaid, etc. yrs). Farm laborer, without more precise specification as Compositor, Architect, For persons who have no occupation If the occupation has been changed Laborer-Coal mine, etc. Womfoctory. The material Locomolive engineer, As examples : c) (b) (mocery; The ques-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. E-amples: Cerebrospinal fever (the only definite synonym is "Cpidemic cerebrospinal menicitis"); Diphtheria avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"."

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease inges, peritonacum, etc., Carcinomo, diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," clc. "(Exhaustion," "Heart failure," Liaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (mcrely symptomcausing death), 29 ds.; Bronchopneumonia (secondary use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. can be ascertained as the cause. Always quality all "Uraemia," "Weakness," etc., when a definite disease (secondary or Whooping American Medical Association. approved (Recommendations on statement of cause of death lotanus) may be stated under the head of "contributory as fracture of skull, and consequences (e.g., sel.83s, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOWICI'A taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, V.d cough; Committee on intercurrent) affection need not be Chronic etc. The contributory valendar heart disease; Nomenclature of the Sarcoma,,

If this certificate is leoked over thoroughly and all questions answered in defail, it will prevent further correspondence. The data is assertial and must be obtained before the certificate is permanently fied.



PLACE OF DEATH	09994 STATE OF MARYLAND	
County Darrell	CERTIFICATE OF DEATH	
	Registration Dist. No.	
Village or City Windey (No.	St.: Ward) (If death occurred in a hospital or institu	
2FULL NAME Carlis Harris	tion, give its NAME in	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male A COLOR OR RACE 5 SINGLE. Angle MARRIED, OR DIVORCED (Write the word)	16 DATE OF DEATH S2pt: /8, 1928 (Month) (Day) (Year)	
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I arrended the decemed from Sipt 192 8 to 192 192 that I last saw h in alive on Sipt 17 , 1928	
7 AGE If LESS than I day hrs or min.	The CAUSE OF DEATH * was as follows:	
B OCCUPATION (a) Trade, profession or particular kind of work	Supporative Olitio Media	
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. 2 mos. ds	
9 BIRTHPLACE (State or country) Winduf	Contributory Secondary (Durstion) yrs.,,mos.,ds	
10 NAME OF Earl Pangh	(Signed) a. J. Fidler 7	
OF FATHER Walfland (State or country) 12 MAIDEN NAME Scella Bolsky	*State the Disease Causing Death, et, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.	
OF MOTHER 13 BIRTHPLACE ASSERBITATION (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs descriptions d	
(Informant) Easl Sangh	if not at place of dea.h?	
(Address) Winkey And	In place of Burial or REMOVAL DATE OF BURIAL Sept 19, 19 20	
Filed 9/18 1928 Cll Bessiell	Other Sharpless H. Van	
If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.		

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (o) Foremon, (b) Automobile factory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The questired 6 yrs. For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, definite salary, may be entered as Housewife, Houselaborer, Form laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stotionory fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Former (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, etc., without more precise specification as Day especially in industrial employments, it is neces-For many occupations a single word or term on Locomotive engineer, not gainfully em-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Sylphoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," approved by Committee on tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by taken. For VIOLENT DEATHS state MEANS OF INJULY "PUERPERAL scplicaemia," "PUERPERAL perilonilis, can be ascertained as the cause. Always qualify al "Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway troin-(secondary or intercurrent) Never report mere symptoms or terminal condicough; Chronic affection need etc. The contributory volvulor heart Nomenclature disease; not be

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Every Item of Information should be carefully supplied. ACE should be stated EXACTS FOHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. ECORD PERMANENT BINDING A FOR 2 ALY, WITH UNFADING INK--THIS MARGIN RESERVED

PLACE OF DEATH Origin	STATE OF MARYLAND CERTIFICATE OF DEATH	
$\sqrt{}$ $\sqrt{}$ $\sqrt{}$ $\sqrt{}$ $\sqrt{}$	40 Registration Dist. No. 163	
Village or City Inla (No. / Oru)	No Paughi St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)	
	, and the same of	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male Color OR RACE SINGLE, MARRIEDT Ningle WIDOWED. Nengle WIDOWED. (Write the word)	16 DATE OF DEATH May 13", 1928 (Month) (Day) (Year)	
6 DATE OF BIRTH A3, 1926 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from May 23" 1928. to May 23", 1928, that I last saw him alive on May 23", 1928,	
7 AGE / yrs. 8 mos. de. or min.? B OCCUPATION	and that death occurred on the date stated above, at 14.456m. The CAUSE OF DEATH * was as follows:	
(a) Trade, profession or particular kind of work		
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. K. mos ds.	
9 BIRTHPLACE (State or country) Maryland	Contributory Secondary 1/ 1	
10 NAME OF Juy Paugh	(Signed) H. W. M. D.	
OF FATHER (State or country) Maryland	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.	
12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	1B LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-	
13 BIRTHPLACE OF MOTHER (State or Country) Maryland	ients or Recent Residents) At place of desthyrs	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea h?	
(Informant) Gryff Pangh (Address) Marylands	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL May 24", 1928	
Filed MAY 24 192 Samuel Sines. Registrai	Omray Bolden Oakland Md.	
If more banks are needed, addre. a Ltate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.		

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(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oclaborer, Farm laborer, Laborer-Coal minc, ctc. Wom-en at home, who are engaged in the duties of the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. g. ged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day worked on may form part of the second statement.

Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report specifically the occupations of persons en-For many occupations a single word or term on

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typheid Pneumonia," Lobar meannonia, Bronchopneumonia ("Pneumonia,"

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train taken. FOR VIOLENT DEATHS State MEANS OF INJURY "Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-Chronic valvular heart disease; Example: Measles (disease etc. The contributory Measles;

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MARGIN RESERVED FOR BINDING

V. S. No. 1

PLACE OF DEATH County 1000	STATE OF MARYLAND CERTIFICATE OF DEATH /	
County 7 (14238)	Registration Dist. No.	
Village or City Rakland (No.	Auffand St.: Ward) (If death occurred in a hospital or institution, give its NAME in-	
2FULL NAME Carua	Red of street and number.)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Female White MARRIED, MIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH CYPT, 30, 1928	
6 DATE OF BIRTH	(Month) (Year) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from	
May 2 1886	Ofor 25 1928. to Copy 28, 1928.	
(Month) (Day) (Year)	that I last saw h alive on 26, 1928,	
7 AGE If LESS than	and that death occurred on the date stated above, at 4.30 9 m.	
4 yrs. 1 mos. 4 ds. or min.?	The CAUSE OF DEATH * was as follows:	
6 OCCUPATION (a) Trade, profession or Sarticular kind of work	Tero.c Ceritamo	
(b) General nature of industry business, or establishment in		
which employed or (employer)	(Duration) yrs. mos ds,	
9 BIRTHPLACE (State or country)	Secondary	
10 NAME OF	(Signed), J. Da a o w after M. D.	
FATHER GEORGE BELLECO	ayn 30 192 8 (Address) Oanland mil	
OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.	
of MOTHER Mary Alexhart	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)	
13 BIRTHPLACE OF MOTHER (State or coundry)	At place In the of deathyrsmosds. Stateyrsmosds,	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?	
and I be foot	Former or usual residence	
(Address OHATAND Md Star Route	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ROLLEN May 1, 1978	
5 Figure 30 192 Julia Rowan Registrar	Euroy Bolden Pakland, Md	
If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.		

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first, line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of oc-Housemaid, etc. household only (not paid Housekeepers who receive a Foreman, to know For many occupations a single word or term on or Farm laborer, Laborer-Coal mine, etc. Womyrs). (b) Cotton mill; (a) Salesman, (b) Grocery; man, (b) Automobile factory. The material At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the If the occupation has been changed

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. (secondary or intercurrent) affection need stited unless importan? Example: Measles approved by tetanus) may be stated under the head of "contributory." "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, inges, perilonaeum, etc., Careinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemic" (merely symptom-Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway traincausing death), 29 ds.; L. Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Nomenclature of the Chronic Example: Measles (disease chopneumonia (secondary), etc. valvular Always qualify all The contributory heart disease; not be

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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	Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
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PL.	ACE OF DEATH		STATE OF	MARYLAND
County Garrett 04239		CERTIFICA	TE OF DEATH	
		()3200	Registration	on Dist. No.
	City Kitzmiller,	ield, Scott, Pew	St.:Wa	ard) (If death occurred in a hospital or institu- tion, give its NAME ir- stead of street and number.)
	2FULL NAME WIIII.	Telu, Scott, Tem	_	number.)
PER	SONAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICAT	E OF DEATH
Male	White	MARRIED Widowed WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH CAPEL (Month)	/8 , 1928
6 DATE OF BIRTH November 7th , 1847 (Month) (Day) (Year)		17 I HEREBY CERTIFY, That I attended the deceased from 192 to Africa 192 that I last saw h (200 alive on Africa 17 1928),		
7 AGE	80 yrs. 5	If LESS that I day hrs hrs or min.	The CAUSE OF DEATH * was as follows	
(b) Gene business, which em	r kind of work	Retiered	Contributory Service des	yrsds.
U II BIR'	ME OF HER JAMES, PET THPLACE FATHER ate or country) Dont		(Signed) Most of Critical Control of Control	Ender M.D. Frailler rud
12 MA	MOTHER DONT	Know.	18 LENGTH OF RESIDENCE (For He	
13 BIR OF	THPLACE MOTHER (ate or country) Dont	know.	At place In of death In	the Stateyrsmosds.
(Informant) V.G. Pew.		if not at place of dea.h?		
,	Address) Kitzmille	r, Md.	Kitzmiller Md.	April 19th 28
Filed C	April 19 19278 (7- Y. Bame	Otha Sharpless.	Blaine WVa

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken Spinner, (b) Colton mill; (a) Salesman, (b) Grocery, (o) Foreman, (b) Automobile factory. The materia should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, fulness of various pursuits can be known. The queswhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Form loborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stotionary fireman, etc. But in many tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octo report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a For many occupations a single word or term on Grocery,

EARLY CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobor meumonia, Bronchopneumonia ("Pneumonia");

American Medical Association.) approved by Committee on Nomenclature of the (Recommendations on statement of cause of death "PUERPERAL septicaemia," "PUERPERAL perilonitis, "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stited unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; carbolic ocid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuly causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Corcinoma, Sarcoma, etc., of letanus) may be stated under the head of "contributory:" as fracture of skull, and consequences (e.g., sepers, Examples: Accidental drowning; Struck by railway train-State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify ali "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-Chronicetc. The contributory volvular heart affection need not be disease;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

YAM

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(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (rcstate occupation at beginning of illness. If retired from whatever, write None. tired 6 yrs). or given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Solesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stotionary fireman, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, arrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-,, ctc., Foreman, (b) Automobile factory. The material or At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Locomolive engineer, 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> telanus) may be stated under the head of "contributory." inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ol approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., scpsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," de. can be ascertained as the cause. Always qualify al "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," ("Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train-(Recommendations on statement of cause of death "Atrophy," "Collapse, Never report mere symptoms or terminal condicough; Chronic Example: Measles (disease ," "Coma," "Convulsions, etc. The contributory affection need not be valvular heart disease;

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V. S. No. 1

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PLACE OF DEATH	08849 STATE OF MARYLAND
County Carsett	CERTIFICATE OF DEATH
Village or City Bloomington No.	,
2FULL NAME Daise Elliste	Pice St.: Ward) St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MIDOWED. Mariel White OR DIVORCED OR DIVORCED	16 DATE OF DEATH QUES , 1928
6 DATE OF BIRTH (Month) (Day), 1884 (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Morels Hall 192 2. to deceased from 1922, that I last saw he alive on July 31, 1922,
7 AGE 44 yrs. 3 mos. 14 ds. or min.?	The CAUSE OF DEATH & was as follows:
(a) Trade, profession or particular kind of work	Dover none of rung
(State or country) 10 NAME OF FATHER Adam Fulliott	Contributory Secondary Secondary (Durstion) (Durstion) (Durstion) (Signed) M. D.
OF FATHER (State or country) (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Martha Paugh 13 BIRTHPLACE OF MOTHER (State or Country) Thanyland	B LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Address) Slooming tou md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Blooming low, Ind. aug, 1, 1928

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. state occupation at beginning of illness. If retired from of given up on account of the DISEASE CAUSING DEATH, tired 6 yrs). household only (not paid Housekeepers who receive a should be used only when needed. As examples: (a) ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, Foreman, For many occupations a single word or term on man, (b) Automobile factory. The material without more precise specification as Day For persons, who have no occupation Stotionary fireman, etc. But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fener (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid ferer (never report "Typhoid Pneumonia"); Lobar queumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles, American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Uraemia," "Weakness," etc., when a definite disease (secondary Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid or intercurrent) affection need not be Chronic valvular heart disease, Carcinoma, Sarcoma, etc., of etc. The contributory

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PLACE OF DEATH
County Savely

161-8

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or Cit May, Henry W Va (No. 04240	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male M. Questien (Write the word) Infant	18 DATE OF DEATH Chil 1928 (Month)—(Day) (Yesr) 17 I HEREBY CERTIFY. That I attended the deceased from
6 DATE OF BIRTH (Month) (Day) (Year)	afoul 16 - 1928 to aford 20, 1928, that I last saw him alive on aford 20, 1928,
7 AGE If LESS than I day hrs. ds. or min.?	The CAUSE OF DEATH * was as follows: head
(a) Trade, profession or particular kind of work	Developement not pufor
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mas. de.
9 BIRTHPLACE (State or country) Garrell Co Md	Contributory Naumatic Manuel from Delver Secondary Durayion yrs mos 4 de.
10 NAME OF FIRMUR Primsar	(Signed) Jahrenson M. D. (Address) Brigard H. Va
OF FATHER (State or country) austria	*State the Disease Causing Death or, in deaths from Violent Caus.s, state (1) Means of Injury and (2) whether Accidental Suicidal or Homicidal.

DGE

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank Princeson (Address) Somania W. Ridro

Filed april 21, 1922 Tinginia M. Harvey

Thomas Wila:

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-

In the

Lorilal, 192

20 UNDERTAKER acting

ients or Recent Residents)

Where was disease contracted, if not at place of death?.....

Jormania:

At place of death.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. additional line is provided for the latter statement; if nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, whatever, write Nonc. business, that fact may be indicated thus; Farmer (re or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwork, or At Home, and children, not gainfully emhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on yrs). Farm laborer, Laborer-Coul mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Locomotive engineer, (6) Grocery,

Statement of Cause of Death—Name, first, the Dis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosymafever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilieria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, "

> "(Exhaustion," "Heart failure,
> "Inanition," "Marasmus," "Old Age," "Shock,"
> "Uraemia," "Weakness," etc., when a definite disease atic), "Atrophy" "Collapse," "Corna," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasus); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonacum, etc., Carcinoma, Sarcoma, "PUERPERAL septicaemia," "PUERPERAL peritonitis, discases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, can be ascertained as the cause. Always qualify all Chronic interstitial nephritis, approved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, State cause for which surgical operation was under-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; or intercurrent) affection need Chronic valeular heart discase; etc. The contributory not be etc., of

It chis certificate is looked over thoroughly and all questions are dered in detail, it will prevent further correspondence. A I the dark is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH County Yarrett.	STATE OF MARYLAND CERTIFICATE OF DEATH
124	Registration Dist. No. 172
Village or City Mulgmuller (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME is stead of street and
2FULL NAME (Plent Frances O	yll.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Single Wilder Wilder Wilder Wilder Wilder Wilder Wilder Word With the word	latober (Month) (Day) 24 (Year)
October 31. 1907 (Month) (Day) (Year)	that I last saw here alive on Of 7 3 1926
yrs. 20 mos. 11, 24ds. or min.	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Coal 10 NAME OF	(Duration) yrs mos ds. Contributory Secondary Duration) yrs mos ds.
11 BIRTHPLACE Amplet Ga. (State or country) The Add Ga.	(Signed) M. D. 25 192 (Address) Haffmillan Val *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
of MOTHER Saura Murray. 13 BIRTHPLACE OF MOTHER Bedford Causty.	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs de State yrs de Geath de State de State de Grand de State de Grand de State de Grand
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Address) Sytzmiller Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Bell gardwill Bell 25, 1928
Filed 10/25 1928 (1- & Barriele Registra)	When Sharbless Blanies

(Approved by U. S. Census and American Public Health Association.)

laborer, Farm laborer, Laborer—Coal mine, etc. tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary, may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. or given up on account of the DISEASE CAUSING DEATH to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement nature of the business or industry, and therefore an Foreman, engineer, For many occupations a single word or term on (b) Cotton mill; (a) Salesnnan, (b) Grocery, man, (b) Automobile factory. The materia without more precise specification as Day For persons who have no occupation Stationary fireman, etc. But in many Locomotive engineer, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Dinhtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepeis carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) secondary "Atrophy," "Collapse," "Coma," "Convulsions, pertionaeum, etc., Carcinoma, Sarcona, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiinterstitial nephritis, or intercurrent) Chronic etc. The contributory affection need not be valvular heart disease; Nomenclature of the

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WRITE	N. B Every Item of Inform
	N. BEV
	WRITE F

PLACE OF DEATH County Garrell (5441)	STATE OF MARYLAND CERTIFICATE OF DEATH
1	Registration Dist. No. 761
Village or City Hrundavelle (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in
2FULL NAME Sruman	Pysell stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mal White Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH, 1928
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 to , 192 that I last saw h may 29 1, 1925,
7 AGE 7 AGE 1 If LESS than I day hrs or min.	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or Farmer (b) General nature of industry	Valoulan Degeneation
business, or establishment in which employed or (employer)	Contributory English
9 BIRTHPLACE (State or country) MANY CALL	Secondary (Duration) yrs. most de.
FATHER Jacob Jeck	(Signed) M. D. May 30 1928 (Address) Truloulle my
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Kebrecah Keller	16 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos ds. In the State yrs ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, at slave of deaths if not at place of death? Former or usual residence Usual Residence
(Address) Frendeville MA 17	19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL F. 19 28
Filed May 80-1928 Jasper Grand	Earl Harned Brandowells
If more bianks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1. West ba

(Approved by U. S. Census and American Public Health Association.)

Spinner, business, that faet may be indicated thus; Farmer (restate oecupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an eases, especially in industrial employments, it is neces-Civil engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The queswhatever, write None. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekcepers who receive a er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement sary to know (a) the kind of work and also (b) the Physician, the first line will be sufficient, e. g., Farmer or Planter, eupation is very important, so that the relative health-Statement of Occupation-Precise statement of oe-Foreman, or At Home, and ehildren, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Salesman, (b) Compositor, Architect, Locomotive engineer, seer, Stationary fireman, etc. But in many For persons who have no occupation (b) Automobile factory. The material Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

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"Inanition," "Meakness," etc., when a definite disease approved telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from ehildbirth or miscarriage as can be ascertained as the cause. Always qualify all atie), "Atrophy, Commercial," "Senile," etc.), "Dropsy,"
"Debility" ("Congenital," "Senile," etc.), "Dropsy," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. stated unless important (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, perllonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Caneer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Exhaustion," Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY by cough; Committee on Nomenclature "Heart failure," "Haemorrhage, Chronic Example: Measles (disease chopneumonia (seeondary), etc. valvular heart disease; The contributory Measles ;

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	PLACE	OF DEATH
C	ounty Gar	rett
Villa	age or City	Oakland, Md. R.D. (No.
	² FULI	NAME Infant Queer
	PERSON	AL AND STATISTICAL PARTICULARS
3 S	Female	White Single, MARRIED, Single WIDOWED OR DIVORCED (Write the word)
6 D.	TE OF BIR	ти
		Sept. 26, 1928 , I
AG		(Month) (Day) (Year) If LESS than dayhra.
(b	articular kind) General na	ession or None of work ture of industry stablishment in
(b bı	articular kind) General na usiness, or es	of work ture of industry stablishment in ed or (employer)
(b bi	articular kind) General na usiness, or es hich employe RTHPLACE	of work ture of industry stablishment in ed or (employer) ountry) Maryland
(b)	nticular kind) General na usiness, or es hich employe RTHPLACE (State or co FATHER 11 BIRTHE OF FAT	of work ture of industry stablishment in ed or (employer) ountry) Maryland or Asa M Queer
(b bı	nticular kind) General na usiness, or es hich employe RTHPLACE (State or co FATHER 11 BIRTHE OF FAT	of work ture of industry stablishment in sed or (employer) ountry) Maryland F Asa M Queer CLACE HER HER OF COUNTRY) Maryland
ARENTS AND	nticular kind) General na usiness, or et hich employe RTHPLACE (State or c 10 NAME O FATHET 11 BIRTHF OF FAT (State 12 MAIDEN OF MOT	of work ture of industry stablishment in ed or (employer) ountry) Maryland or Asa M Queer PLACE MER or country) Maryland (NAME HER Mary Myrtle Whitlatch
PARENTS A	nticular kind) General na usiness, or et hich employe RTHPLACE (State or c 10 NAME O FATHER 11 BIRTHF OF FAT (State 12 MAIDEN OF MOT 13 BIRTHP OF MOT (State	of work ture of industry stablishment in sid or (employer) ountry) Maryland or Asa M Queer CLACE HER Maryland or country) Maryland or country) Waryland CLACE HER Mary Myrtle Whitlatch CLACE HER Or country) CLACE HER OT COUNTRY West Virginia OR COUNTRY West Virginia
PARENTS A	nticular kind) General na usiness, or et hich employe RTHPLACE (State or c 10 NAME O FATHER 11 BIRTHF OF FAT (State 12 MAIDEN OF MOT 13 BIRTHP OF MOT (State	of work ture of industry stablishment in od or (employer) ountry) Maryland or Country) Maryland or Country) Maryland (NAME Mary Myrtle Whitlatch CLACE HER Mary Myrtle Whitlatch CLACE HER Or Country) West Virginia IS TRUE TO THE BEST OF MY KNOWLEDGE Asa M. Queer
PARENTS MAN	Articular kind Caneral na usiness, or et hich employe RTHPLACE (State or c. O NAME O FATHER II BIRTHP OF FAT (State 12 MAIDEN OF MOT (State 65 ABOVE	of work ture of industry stablishment in od or (employer)

09995

STATE OF MARYLAND CERTIFICATE OF DEATH

(3)

Registration Dist. No. ...

St.; Ward)

MEDICAL CERTIFICATE OF DEATH

(If death occurred in a hospital or instituion, give its NAME instead of street and aumber.)

16 DATE OF DEATH	
Sept. 26, 1928	(Day), 192
(Month)	(Day) (Year)
Sept. 26, 1928, 192, to Sep	
that I last saw helive on	, 192
and that death occurred on the date state	ed above, atna
The CAUSE OF DEATH % was as follows:	
C4411 Down Placente P	
Still Born, Placenta P	revia
(Duration)	yremoeda,
Centributory Secondary	
(Signed) N. J. B. (Durstien)	moede
Sept. 26 1928 (Address) Oak	1
*State the Disease Causing Deat Violent Causes, state (1) Means of In Accidental, Sulcidal or Homicidal,	
18 LENGTH OF RESIDENCE (For Hos ients, or Recent Residents)	pitals, Institutions, Trans-
At place In the of deathyrsmosda. Sta	ne nte,yrsmosda.
Where was disease contracted, if not at place of death?	ده ده دو ده
Former or usual residence	
19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
(Tenner Vacany	Sept 27 , 1028
20 UNDERTAKER	ADDRESS
Bas En ludes lynn Co	Our endrud

if more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S No. 1.

(Approved by U. S. Census and American Public Heaith Association.)

the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative healthworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, aspecially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fuinces of various pursuits can be known. whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (restate occupation at beginning of iliness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook, to report specifically the occ pations of persons enployed, as At school or At home. Care should be taken work, or At Home, and children, not guinfully emdefinite saiary), muy be entered as Housewife, House household only (not paid Housekeepers who receive a en at bome, who are engaged in the duties of the laborer, Farm laborer, Laborer-(a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; I ture of the business or industry, and therefore an eary to know (a) the kind of work and also (b) the Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day -Coal mine, etc. Wom-The material

spinal meningitis"); Diphtheria (avoid use of "Croup"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Corebrospingi to time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect-Lobor pneumonia, Bronchopneumonia ("Pneumonia." Tuphoid fever (never report "Typhoid pneumonia"); Statement of Cause of Death-Name, first, the bis-

of death appropriate the American of the certificate is looked over the tions answered in detail, it will prevene ence. All the data is essential and make the certificate is permanently filed. conditions, such as "Asthenia," "Anaemia" ary), 10 ds. Never report mere symptoms or terminal stated unless important. use of "Tumor" for maignant neoplasms); inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, mendiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all symptomatic), "Atrophy," "Collapse," "Coma," "Concausing death), 29 ds.; Bronchopneumonia (second-Chronic interstitial nephritis, etc. The contributory (name origin; "Cancer" is less definite; avoid bead of "contributory." (Recommendations on stateand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF "Purperal septicaemia," "Purperal peritonitie," etc. "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure," "Haemorvuisions," "Debility" ("Congenital," "Senile," etc.), Whooping cough; Chronic valvular heart disease; Nomenciature of the American Medicai Association.) ment of cause of death approved by Committee quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skuii, and conse Poisoned by carbolic acid-probably suicide. train-acoldent; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railway as probably such, if impossible to determine definitely. State cause for which surgical operation was under-(secondary or intercurrent) affection need not be FOR VIOLENT DEATHS STATE MEANS OF INJUNE Example: Measles (disease Measles;

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before If this certificate is looked over thoroughly and all quos-

V. S. No. 1

	165
PLACE OF DEATH	STATE OF MARYLAND
County Yarray	CERTIFICATE OF DEATH_/
	Registration Dist. No. 166
Village or City Sure Miles 14241 2FULL NAME Phica 73. Team	St.: Ward) (If death occurred is a hospital or institution, give its NAME ir stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH Ceft , 1928 (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
DEC 17 . 1873	192 to, 192
(Month) (Day) (Year)	that I last saw halive on, 192
7 AGE If LESS than 1 day	
B OCCUPATION (a) Trade, profession or Farticular kind of work	Carresse Humber
(b) General nature of industry hysiness, or establishment in which employed or (employer)	(Duration) yre. mos de
9 BIRTHPLACE (State or country)	Contributory Secondary Output yrs. mos. ds
10 NAME OF FATHER 11 BIRTHPLACE	(Signed) 1. S. Star wafre M. D. Ogra G. 1928 (Address) Oareand Mod
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of deathyrsmosds. Stateyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
Comment of A:	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	Lagar Sena Currenty Cept 1 , 1928
Filed 4-6 192 Danuel Sinto	20 UNDERTAKER ADDRESS Ochland

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from Spinner, (b) Colton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative healthgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) sary to know Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the or given up on account of the DISEASE CAUSING DEATH. For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laboreryrs). without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the -Coal minc, etc. Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepts ed term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

approved by "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important Example: Measles inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomeausing Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY death), 29 ds.; L. shopncumonia (secondary), cough; Committee on Nomenclature of the Chronic etc. The contributory affection need valendar Always qualify all heart (disease not be disease;

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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X		HYSI- Exact
1		ACE should be stated EXACTLY, PHYSI-
	S A PERMANENT RECORD	EXAC.
m	EN'S	stated
OR BINDING	RMANI	ould be
<u>E</u>	PE	E sh
OR	SA	ACI

PLACE OF DEATH Garrett

County

06543

STATE OF MARYLAND CERTIFICATE OF DEATH

Village	or	City	Deer	Park,	Md (No.	R.D	•

Registration Dist. No.

-	73	17

Ward)

(If death occurred in a hospital or institu-tion, give its NAME In-stead of street and

	² FULL NAME O CAL	205 118 11000	number.)
	PERSONAL AND STATIST	FICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	ale White	single, MARRIED, Married WIDOWED OR DIVORCED	16 DATE OF DEATH June 5, 1928 , 192
		(Write the word)	(Month) (Day) (Year)
6	DATE OF BIRTH		17 I HEREBY CERTIFY, That I attended the deceased from
	May 18,	1988	, 192, 192,
	(Mont)	h) (Day) (Year)	that I last saw halive on, 192,
7 /	40 _{yrs.} 0	mos. 17 ds. If LESS than I day hrs. or min.?	
	CCUPATION		Accidentally Killed, Traumatic
4	a) Trade, profession or particular kind of work	Farmer	Asphixia Tractor tilted over
(b	b) General nature of industry ousiness, or establishment in which employed or (employer)		catching him Instant (Duration) yrs. mosds.
-	BIRTHPLACE	t Virginia	Contributory Secondary O (Dustion) Oyrs mos ds.
	10 NAME OF Stott	Reed	(Signed) N. J. Das Jwahy M. D.
NTS	11 BIRTHPLACE OF FATHER Unl (State or country)	known	*State the Liscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
PARE	of Mother Jane	Simpson	Accidental, Suicidal of Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)	own	At place of deathyrsmosds. In the Stateyrsds.
14	THE ABOVE IS TRUE TO THE BES	T OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
	(Informant) James	R. Reed	Former or usual residence DATE OF BURIAL OF REMOVAL DATE OF BURIAL
	(Address) Deer	Park, Md. R.D.	Mongantown W. ra June 1, 1926
15	Filedune 5 192 8 Cd	llie M Whole	MORY Bolden DAN HAND Md

If more banks are needed, addre. s tate Kegistrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed greed in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, household only (not paid Housekcepers who receive a laborer, worked on may form part of the second statement. report specifically the occupations of persons en-Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. yrs). For persons who have no occupation without more precise specification as Day (b) Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobur pneumonia, Bronchopneumonia ("Pneumonia,"

> diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles, tclanus) may be stated under the head of "contributory." tions, such as "Asthenia," "Anaemia" (merely symptomapproved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., scpsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, American Medical Association.) "Atrophy," "Collapse Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY cough; Chronic " "Coma," "Convulsions, etc. The contributory affection valvular heart Nomenclature of the need disease; not be

If this certificate is tooked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH County Garett Co	OSS50 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No.
Village or City Lette Lette W. Re	St.: Ward) (If death occurred in a hospital or institu-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jesuale white Single, wildown OR DIVORCED (Write the word)	16 DATE OF DEATH (Log) 16 (Month) (Day) (Year)
6 DATE OF BIRTH /0 12, 1868	17 I HEREBY CERTIFY, That I attended the deceased from 192 to Cury (6, 1928, that I last saw h and alive on Cury (6, 1928,
7 AGE (Month) (Day) (Year) 7 AGE If LESS than I day hrs. or hin.?	and that death occurred on the date stated above, at P.m.
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	Consue Lun on Koza
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Raucasley	Contributory Secondary Ourstion Ourstion
10 NAME OF FRANK POYSON	(Signed) M. J. Prandwafer M. D. Cares 1 (6, 192 & (Address) Charles 2000
OF FATHER (State or country) (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Meaas of lajury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) 12 MAIDEN NAME Lettlia Meefer 13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds. State yrs mos ds. Where was disease contracted,
(Informant)	if not at place of death? Former or usual residence
(Address) Pising Sungled	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL WEINER DUN MA AUG 1, 19,2
15 Filmer / 1928 Julia ROWAN Registras	Moig Bolden WAILAND
If more banks are needed, addre.s Ltato Registra	r, 16 W. Sararoga St., Balto., Requesting V. S. No. 1.

Miss Julia Roan RECEIVED

TYSI-

S. No.

PLACE OF DEATH	Uliti
County Garrett	THE RELEASE OF THE PARTY OF THE
	15%
Village or City Frank Ville (No.	
vinage or City 17 au 11 1 (No.	**************************************
2FULL NAME Fred EV	gene Phodes
PERSONAL AND STATISTICAL PART	TICULARS
3 SEX 4 COLOR OR RACE SINGLE. MARRIED WIDOWE OR DIVOI (Write the	iced Single
6 DATE OF BIRTH	17
Dec 3	0 , 1927
(Month) (Da	7
7 AGE	If LESS than and that de
O yrs. 1 mos. 15	ds. or min.?
8 OCCUPATION	
(a) Trade, profession or particular kind of work	the
(b) General nature of industry	
business, or establishment in which employed or (employer)	
9 BIRTHPLACE	Contrib
(State or country) Mary and	
10 NAME OF	(Signed)
NOBELT MODELT MODE	Fel Fel
OF FATHER	*Stat
TI MAIDEN NAME	Violent Accidents
of MOTHER Elizabeth	elly 18 LENGTI
13 BIRTHPLACE OF MOTHER	At place
(State or country)	of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KN	OWLEDGE if not at pla
(Informant) Robert Phod	Former or usual residen
- / . 1	19 PLACE
(Address) Swanton Mo	1 lale
15 Esto fet 14/192 D Juliah	Registrar Registrar

STATE OF MARYLAND

Contributory

Secondary

CERTIFICATE OF DEAT Registration Dist. No. (If death occurred in a hospital or institu-tion, give its NAME i.-stead of street and Ward) number.) MEDICAL CERTIFICATE OF DEATH DATE OF DEATH (Month) (Day) I HEREBY CERTIFY. That I attended the deceased from d that death occurred on the date stated above, at . Z. (Duration) O vrs. (Duration) Feb. 13.192 8 (Address) Piedm the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) In the here was disease contracted, not at place of dea.h?

If more blanks are needed, addre.a State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Collon mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from nature of the business or industry; and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in dome-tic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as Al school, or Al home. Care should be taken definite salary, may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., without more precise specification as Duy worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealthe first line will be sufficient, e. g., Farmer or Planler to report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, Farm laborer, Laborer-Coul mine, etc. Wom-For persons who have no occupation not gainfully em-

ed term for the same disease. Examples: Cerebrosymul & fever (the only definite synonym is "Epidemic cerebrosymul & spinal meningitis"): Dishiliania and a spinal meningitis"): stinal meningitis"); Dichtheria avoid use of (Croup"); Typhoid fover never report "Typhoid Pneumonia"; ; Lobar pneumonia, Bronchopneumonia ("Pneumonia," Statement of Cause of Death—Name, first, the DIXEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same acceptpneumonia, Bronchopneumonia

cause of death Nomenclature of the certificate is looked over thoroughly and all questions data is essential and must be obtained before the certificate is permanently fied. "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Heart tanure, "Old Age," "Shock," stated unless important. Example: Measles (disease curbotic acid probably sucide. The neture of the injury, "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify al. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonacum, etc., Careinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menas fracture of skull, and consequences (e.g., sepsis accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"Debility" ("Congenital," (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, .. (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiresulting from childbirth or miscarriage as cough; Chronic valendar heart disease "Heart failure," "Haemorrhage, etc. The contributory

1 Poles As Delta	. 1.1
PLACE OF DEATH	STATE OF MARTLAND
County are t	CERTIFICATE OF DEATH
the 1 m	Registration Dist. No. 16 7
Village or City War Co (No.	/ Ward) (If death occurred in a hospital or institu-
m PH	tion, give its NAME in-
2FULL NAME O Jame	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3/BEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH 4 9 1928
temale White WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY That attended the deceased from
1 / Jarch 3 1 1842	an 20 192 leopene 9, 192 0
(Month) (Day) (Year)	that I last saw hu alive on June, 192,
7 AGE	
yrs. 2 mos. ds. or min.?	
& OCCUPATION	and Breck In
(a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in	(Durstion) yrs. 8 mos. ds.
Owhich employed or (employer)	Contributory
S BIRTHPLACE (State or country)	Secondary
I 10 NAME OF	(Dyration) yrs mos de.
FATHER anton Stlken	June 10 192 (Address) Dell Park Ma
U II BIRTHPLACE OF FATHER	
State or country) State or country) State or country) State or country)	*State the Disease Causing Death, or, in deaths from Violeat Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother things the	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
13 BIRTHPLACE	At place In the
OF MOTHER (State or Country)	of death yrs mos ds. State yrs de. Where was disesse contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Informant) must bern get	Usual residence
David 1111/10	The state of the s
(Address)	20 DI DERTAKER HADDRESS 1
15 File line 10 192 & allie Mills Tog	May Solde Walsland
	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
	mal

V. S. No. 1

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housenuid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, Civil engineer, Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman. without more precise specification as Day (b) Automobile factory. The material Stationary fireman, etc. But in many For persons who have no occupation (b) Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the American Medical Association.) as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably swicide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom Whooping cough; Chronic Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronic valendar heart disease, etc. The contributory

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	County County .
Vil	llage or City Accordent Mala.
	2FULL NAME / Lobert / Cauda
	PERSONAL AND STATISTICAL PARTICULARS
3 5	Male White (Write the word) 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
6 1	DATE OF BIRTH
	Month) (Day) (Year)
7 /	AGE [If LESS tha
	yrs
BC	occupation
D() b	DOCCUPATION a) Trade, profession or carticular kind of work b) General nature of industry business, or establishment in which employed or (employer)
O PO	a) Trade, profession or particular kind of work
O PO	a) Trade, profession or barticular kind of work b) General nature of industry business, or establishment in which employed or (employer)
NTS 8	a) Trade, protession or particular kind of work. b) General nature of industry pusiness, or establishment in which employed or (employer). BIRTHPLACE (State or country) May fam.
S E S	a) Trade, protession or particular kind of work b) General nature of industry pusiness, or establishment in which employed or (employer) BIRTHPLACE (State or country) Many family 10 NAME OF FATHER LOSGY FLICTURE 11 BIRTHPLACE OF FATHER
ARENTS 6 0	a) Trade, profession or controller kind of work b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and Ward)

21 Kickle	Ź	number.)	
MEDICA	L CERTIFICAT	E OF DEATH	
16 DATE OF DEATH	Oct	000	, 1928
17 I HEREBY	CERTIFY, That	ettended the d	eceased fro
that I last saw h		,	(6)
and that death occurr			r
	(Duration)	yrs1	nosd
Contributory Secondary	(Quration)	yrs,	mos//_d
(Signed) 18	(Address)	Beidon	Z)M.
	ease Causing Dea	th, er, in de Injury and (2	aths from) Whether
18 LENGTH OF RES		spitals, Institu	tions, Tran

18 LENGTH	OF RESIDENCE	(For	Hospitals,	Institutions,	Trans
ients or Re	cent Residents)				
At place			In the		

Where was disease contracted, not at place of dea.h?

If more banks are needed, addre.s Ltate Registrar, 16 W. Saratoga S., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housenwid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Deal-Civil engineer, Stationary freman, etc. But in many tion applies to each and every person, irrespective of Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; without more precise specification as Day Cotton mill; (a) Salesman. (b) Grocery; (b) Automobile factory. The material For persons who have no occupation

Strtement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fewer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," causing death), 29 ds.; Bronchopneumonia (secondary), American Medical Association. (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undertions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be stited unless important. Example: Measles (disease Whooping cough; Chronic valuater heart disease; Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-"Congenital," "Senile," etc.), "Dropsy,"
> "Heart failure," "Haemorrhage,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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ATION IS

PARENTS

particular kind of work

9 BIRTHPLACE (State or country)

> 10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER

OF MOTHER

13 BIRTHPLACE

(Informant)

OF MOTHER (State or Country)

(State or country) 12 MAIDEN NAME

(b) General nature of industry business, or establishment in which employed or (employer)

ee instructions

NL	of Inform	state	CCUP
114	of	pin	0 5
WRITE	Every item	CIANS should	statement of OCCUP

No. S.

PLACE OF DEATH R. Pro Oakland, Md. Village or City **2FULL NAME** PERSONAL AND STATISTICAL 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, Single WIDOWED, OR DIVORCED Female White (Write the word) 6 DATE OF BIRTH 1928 Sept. (Year) (Month) (Day) 7 AGE If LESS the I day h B OCCUPATION

(a) Trade, profession or

None

Maryland

Ernest Ridder

Maryland

Ernest Ridder.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Maryland

Sarah Dorathy Baker

Oakland, Md. R. D.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.

٠	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
	MEDICAL CERTIFICATE OF DEATH
-	16 DATE OF DEATH Sept. 3, 1928 192
=	(Month) (Day) (Year)
	that I last saw halive on, 192,
in s.	and that death occurred on the date stated above, at 10:30P. m. The CAUSE OF DEATH * was as follows:
-	Stillborn
	(Durstion) yrs, mos ds.
=	Contributory Twin
-	(Signed) (Ducation) yrs mos. de.
-	9/4/28 192 (Address) Carland md
_	*State the Discase Causing Death, or, In deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
	18 LENGTH OF RESIDENCE (For Hospitale, Institutions, Trans- ients or Recent Residents)
	At place of deathyrsmosds. In the Stateyrsmosds.
-	Where was disease contracted, if not at place of death?
	Former or usual residence
	10 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
-	Med Gouse 1-4, 198
2	20 UNBERTAKER Schrock Eglow. W.Ja
ar	16 W. Saratoga St., Balto., Requesting V. S. No.A.

If more branks are needed, address State Regist

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of cupation is very important, so that the relative healthbusiness; that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil ougineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, Statement of Occupation-Precise statement of ocwhatever, write Nonc. Housenuid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a For many occupations a single word or term on yrs). Farm labover, Labover-Coal mine, etc. without more precise specification as Day For persons who have no occupation (b) Grocery,

Statement of Cause of Death—Name, first, the DISEALE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same discluse. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." Examples: Accidental drowning; Struck by railway train-Whooping American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions," Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY cough; Chronic on etc. The contributory valvular heart discase; Nomenclature Always qualify all Measles;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

NCE should be stated EXACTLY, PHYSI-that it may be properly classified. Exact

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in plain carefully

OF DEATH

N. B.

S. No.

statement CIANS

	PDAGE OF DEATH
C	ounty Garrely
Ville	age or City Visider (No.
	2 FULL NAME (Bligabeth &
	PERSONAL AND STATISTICAL PARTICULARS
3 s	MARRIED, Com
6 D	ATE OF BIRTH
	Sept 14 15
	(Month) (Day)
7 AG	If LES I day.
(b)	Trade, profession or articular kind of work) General nature of industry usiness, or establishment in hich employed or (employer) (RTHPLACE (State or country)
	10 NAME OF arthur Riggless
ENTS	11 BIRTHPLACE Assistantial (State or country)
PARI	12 MAIDEN NAME Man Esligabeth &
	13 BIRTHPLACE OF MOTHER (State or country) State of Country)
14 T	(Informant) and The BEST OF MY KNOWLES (Informant) Andrew Siggense
15	(Address)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

gleman.	rd) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
MEDICAL CERTIFICAT	E OF DEATH
16 DATE OF DEATH (Month) 17 I HEREBY CERTIFY, That I	(Day) , 192 & (Year)
total and the second se	, 192
that I last saw halive on	, 192,
and that death occurred on the date st	ated above, atm,
The exuse of DEATH & was as follow	
	PROFESSION
(Duretion)	yrsmosds.
Contributory Secondary	
(Duration)	(5)/ -
(Signed) Carrow Company	tears M.D.
7-14- 1928 (Address).	ear farly ma
*State the Disease Causing De Violent Causes, state (1) Mean, of Accidental, Suicidal or Homicidal.	ath, or, in deaths from Injury; and (2) whether
18 LENGTH OF RESIDENCE (For H	ospitals, Institutions, Trans-
ients, or Recent Residents)	the
	State,yrsmosda.
Where was disease contracted, if not at place of death?	
Former or	

FE OF BURIAL

(Approved by U. S. Ccusus and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; It nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthployed, as At school or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealcases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseen at home, who are engaged in the dutics of the laborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., (a) Foreman, (b) Automobile factory. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; whatever, write None. tired 6 yrs.). For persons who have no occupation business, that fact may be indicated thus: Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Statement of Occupation-Precise statement of oe-For many occupations a single word or term on without more precise specification as Day The material

Statement of Cause of Death—Name, first, the bis-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> head of "contributory." "Puerperal septicaemia," "Puerperal peritonitis," can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease rhage," "Inanition," "Marasmus," "Old Age," "Shock," symptomatic), "Atrophy," "Collapse," "Coma," "Conconditions, such as "Asthenia," "Anacmia" ary), 10 ds. Never report more symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (disease Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms);(name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menquences (e.g., sepsis, tetanus) may be stated under the as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or homicidal, or diseases resulting from childbirth or miscarriage as "Dropsy," vulsions," (secondary or intercurrent) affection need not be Whooping cough; ment of cause of death approved by Committee on ture of the injury, as fracture of skull, and conse-Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples : Accidental drowning; Struck by railway State cause for which surgical operation was under-Nomenclature of the American Medical Association.) FOR VIOLENT DEATHS State MEANS OF INJURY "Exhaustion," "Heart failure." "Haemor-"Debility" ("Congenital," "Scnile," etc.) Chronic valvular heart disease; (Recommendations on state-Meastes; (second-(merely

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSI-

	PLACE OF DEATH	4
	County Yarett	
Vil	llage or City allident (No	_
	2FULL NAME Hazel alverta	•••
	PERSONAL AND STATISTICAL PARTICULARS	
-	MARRIED. Married. Midowed. OR DIVORCED (Write the word)	1
6 1	DATE OF BIRTH	
	(Month) (Day) (Year)	t
7 /	AGE [If LESS than	a
	10 yrs. 3 mos. 14 ds. or min.?	7
P	a) Trade, profession or school Shedent particular kind of work	
Ъ	b) General nature of industry pusiness, or establishment in which employed or (employer)	
9 6	(State or country) Garrett Co	
	10 NAME OF Albert Runger	(
ENTS	11 BIRTHPLACE OF FATHER (State or country)	7
PARE	of Mother Mary Craymer	1
	13 BIRTHPLACE OF MOTHER (State or country)	A 0
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if
	(Informant) alburt Ringy	1001
	(Address) accident Ma	

STATE OF MARYLAND CERTIFICATE OF DEATH



Registration Dist. No.

NAME Hazel alorta	St.: Ward) (If death occurred in a hospital or institu- tion, give its NAME in- stead of street and number.)
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Fely 2/ 1928 (Month) Fely (Day) 2/ (Year) 42
Nov 7 , 1917 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 192 . to
o yrs. 3 mos. 14 ds. lf LESS than I day hrs. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
of work the control of the control of industry blishment in or (employer)	(Duration) yrs. mos ds.
Albert Ruger Suntry) Pa	(Signed)
TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted, if not at place of death?
Refuer Aingy naccidente Med 22 1928 a.J. Richter	Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 2 - 24, 19 28 20 UNDERTAKER ADDRESS
Registrar If more blanks are needed, address State Registrar	Mm Minteleys yearlandle, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

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(Approved by U. S. Census 2nd American Public Health Association.)

laborer, should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But iu many tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day Spinner, additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Foreman, or At Home, and children, For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) Salesman, (b) For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. Womnot gainfully em-Grocery;

Statement of Cause of Death—Name, first, the DISMEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros, inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

approved by tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all "Exhaustion," "Heart 'will," "Old Age," "Shock," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," stated unless important Example: Measles (disease inges, perilonacum, etc., Carcinoma, Sarcoma, etc., of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. (secondary or intercurrent) affection need Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death Whooping cough; (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Committee on Nomenglature ngenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," Chronic chopneumonia (secondary), etc. The contributory valvular heart disease; not be of the

If this cartificate is looked over thoroughly and a'l questions answered in denail, it will prevent further correspondence. All the data is esseptial and must be obtained before the certificate in permanently filed.

S. No. 1.

WRITE PICKLY, WITH UNFADING INKTHIS IS A PERMANENT ECORD N. BEvery item of its transion should be carefully supplied ACE should be stated EXACTLY, PHYSICIANS, should state OAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	, .	V. S. No. 1.	MARGIN RESERVED FOR BINDING	BINDING
N. B.—Every item of its remation should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state OAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.		WRITE PI VILY,	WITH UNFADING INKTHIS	S IS A PERMANENT SECORD
	ż	CIANS should state OAU statement of OCCUPATION	n should be carefully supplied ISE OF DEATH in plain terms s ON is very important. See instru	ACE should be stated EXACTLY, PHYSI-so that it may be properly classified. Exact uctions on back of certificate.

Village or City Ryan Islade (No	CERTIFICATE OF DEATH Registration Dist. No. St.: Ward) (If death occurred in a loopital or institution, give its NAMB instead of street and sumber.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Males COLOR, OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	(Month) (Day) , 192 (Year)
6 DATE OF BIRTH Hele, 12, 1861 (Month) (Day) (Year)	Dec. 3/, 1927, to 1927, that I last sew h/M alive on Dec. 3/, 1927,
1 AGE Compared to the light of the light	The CAUSE OF DEATH & was as follows: Arteriosclerosis, chronic interstities
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer). 9 BIRTHPLACE (State or country)	(Duration) Pyrs mos de. Contributory Cerebral hemiplegia 2 attents Secondary (Duration) 2 yrs Andrew 5 de
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MOTHER 13 MOTHER 14 OF MOTHER 15 OF MOTHER 16 OF MOTHER 17 OF MOTHER 18 OF MOTHER 19 OF MOTHER 10 OF MOTHER 10 OF MOTHER 11 OF MOTHER 12 OF MOTHER 12 OF MOTHER 13 OF MOTHER 14 OF MOTHER 15 OF MOTHER 16 OF MOTHER 17 OF MOTHER 18	(Signed) M. D. S. 192 S. (Address) E. S. *State the Disease Causing Neath, or, in deaths from Violent Causes, state (1) Ideans of Injury: and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER 13 BIRTHPLACE OF MOTHER (State or country) (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ionts, or Recent Residents) At place In the State, yrs
(Informant) FORM ONE WILLIAM (Address) FORM ONE WILLIAM (Address)	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL A C C C C C C C C C C C C C C C C C C
Filed June 9. 1928 Ehmer C. Shaff	20 INDERTAKEN Schroef Oglow May

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. tired 6 yrs.). business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook ployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, House. laborer, Furm laborer, Laborer-Coal mine, etc. Wom-Housemaid, etc. to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oe erc., For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation If the occupation has been changed As examples: (a)

Stacement of Cause of Death—Name, first, the piscase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meaningitis"); Diphtheria (avoid use of "Croup?); Typhoid fever (never report "Typhoid pneumonia."): Lobar pneumonia, Bronchopneumonia ("Pneumania.")

Disceptions answered by Committee on the performance of the certificate is looked over thoroughly and all quesciplet of the data is essential and must be obtained before capitpinal the certificate opermanently filed. quences (e.g., sepsis, tetanus) may be stated under the Poisoned by carbolic acid-probably suicide. train-accident; Revolver wound of head-homicide; Examples: as probably such, if impossible to determine definitely. and qualify as Accidental, suicidal, or Homicidal, or can be ascertained as the cause. Always qualify all State cause for which surgical operation was under-"Puerperal seplicuemia,""Puerperal peritonitis," diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease rhage," "Inamition," "Marasmus," "Old Age." "Shock," "Dropsy," "Exhaustion." "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," ary), 10 ds. Never report mere symptoms or terminal rulsions," conditions, causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Meastes; (name origin; "Cancer" is less definite; avoid mges, peritonaeum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-Whooping cough; For the injury, as fracture of skull, and conse-"Debility" ("Congenital," "Senile," etc.), Accidental drowning; Struck by railway such as "Asthenia," VIOLENT DEATHS State MEANS OF INJURY Chronic valvular heart disease; Carcinoma, Sarcoma, etc., of "Anaemia" (second-(merely

N B.--Every item of Information should be carefully supplied ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain torms so that it may be properly chassified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD LY, WITH UNFADING INK --- THIS IS A PERMANEN BINDING MARGIN RESERVED FOR WRITE PI

PLACE OF DEATH County County 065	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or eny Mc Houry Mado:	St.: Ward) (If death occurred in a hospital or institution, give its NAME instend of street and
2FULL NAME SUREM PUME	Nother Novel
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year).
(Month) (Day) (Year)	that I last saw hell alive on the latter of the deceased from
7 AGE (Mohth) (Day) (Tear) (If LESS than I day hrs or min.	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yes mas ds.
9 BIRTHPLACE (State or country) 10 NAME OF 10 NAME OF	Contributory Secondary (Destion) yrs mosds.
STATHER WINE MUNICIPAL OF FATHER (State or country)	*State the Disrase Causing Death, or, in deaths from Violent Caus s, atute (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, at place of deaths if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Sasper Suard Filed June 22. 1928 Jasper Suard Registra	20 UNDERTAKER JANGE JANGESS
If more b.anks are needed, address State Registra	ar, 16 W. Saratoga St., Balto. Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed guged in domestic service for wages, as Servant, Cook, to report specifically the occupations of ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., Never return 'Laborer," "Forcman," "Manager," "Dealworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g. Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of oc whatever, write Nonc. Foreman, For many occupations a single word or term on especially in industrial employments, it is necesyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The persons enmaterial Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"):

tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "(Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease (Recommendations on statement of cause of death approved by Committee on Nonnendature of the telanus) may be stated under the head of "contributory" carbolic acid-probably sucide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJUNY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menas fracture of shulf, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway traindiseases can be ascertained as the cause. Whooping American Medical Association.) resulting from childbirth or miscarriage cough; Chronicetc. valvular heart disease; Always qualify all The contributory 200

If this certificate is hooked over thoroughly and all questions answered in detail it will prevent further correspondence. A the data is essential and must be obtained before the cartificate is permanently filed.

N. B.-

PLACE OF DEATH	08851 STATE OF MARYLAND
County Annely	CERTIFICATE OF DEATH Registration Dist. No.
Village or City // Jakel (No	St.: Ward) (If death occurred is a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale Holling Single, MARRIED, WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	Mug 1 192 . to Must 192 . 192
(Month) (Day) (Year) 7 AGE If LESS than day hrs. day or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) Randol Private W. Va.	(Duration) 4 yrs mos ds Contributory Carelal Mariana (Duration) yrs mos 4 ds
10 NAME OF FATHER ?	(Signed) M. D. M.
(State or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE OF MOTHER (State or Country)	ients or Recent Residents) At place of death yrs described State yrs described by the state of death where was disease contracted,
(Informant) (Address)	if not at place of dea.h? Former or usual residence 19-PLACE/OF BURNAL OR REMOVAL APPROVAL A

(Approved by U. S. Census and American Public Health Association.)

sbusiness, that fact may be indicated thus; Farmer (reen at home, who are engaged in the duties of the work, er," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coul mine, etc. Womwhatever, write None. tired 6 yrs). definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housenuid, etc. If the occupation has been changed Spinner, sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocployed, as At school, or At home. Care should be taken additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, the first line will be sufficient, c. g., Farmer or Planter, tion applies to cach and every person, irrespective of cupation is very important, so that the relative healthhousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on man, (b) Automobile factory. The material Compositor, For persons who have no occupation Stationary fireman, etc. But in many Architect, Locomotive engineer, The ques-

Statement of Cause of Death—Name, first, the Disease CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." (Recommendations on statement of cause of death stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis, causing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, mon-inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine dcfinitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E:haustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping cough; (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi interstitial nephritis, " "Marasmus," "Old Age," "Shock," Chronic valvular heart disease, etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

80

8. No. 1

	PLACE OF DEATH County Ganth	(22-P)	STATE OF M CERTIFICATE Registration I	
Vil	lage or City Mar Barlin (No		St.: Ward)	(if death occurred im a hospital or institu- tion, give its NAME ir- stead of street and number.)
-	PERSONAL AND STATISTICAL PARTICULARS	MEDIO	CAL CERTIFICATE C	F DEATH
3 5	SEX 4 COLOR OR RACE SINGLE, MARRIED, Wildows (Wildows (Write the word)	16 DATE OF DEATH	Qct	21, 1928 (Day) (Year)
6	DATE OF BIRTH Oct 20, 1865 (Month) (Day) (Year)	17 HEREB	1928 . to O O	ended the deceased from 2/ , 1928 , 20 , 1928 ,
1	GE	The CAUSE OF DEA	orred on the date stated TH * was as follows:	
7	which employed or (employer) BIRTHPLACE (State or country) Musseline 4	Contributory Secondary Acitics	donumut) (Duration)	
ARENTS	10 NAME OF FATHER Polest Pursue 11 BIRTHPLACE OF FATHER (State or country) Scotland 12 MAIDEN NAME OF MOTHER LINE S. Andreas 573	*State the Violent Causes, Accidentai, Suicida		or, in deaths from jury and (2) Whether
Д.	13 BIRTHPLACE OF MOTHER (State or Ceuntry) Outlined	At place / S. yrs	mosds. In the	eds.
14	(Informant) Russell (Address) Rartus	Former or usual residence		DATE OF BURIAL
15	Filed Oct 23 1928 Geo B Browne	20 UNDERTAKER	hou	Lona conny

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gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the er," etc., Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer, Physician, Compositor, Architect, household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, (b) Automobile factory. The materia. For many occupations a single word or term on yrs). For persons who have no occupation (b) Cotton mill; (a) Salesman. (b) Grocery, without more precise specification as Day Stationary fireman, etc. Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrost inal meningitis"); Diphilhria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Exhaustion," "Heart failure, laemorrhage, "Shock, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease telanus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "PUERPERAL perilonilis, "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid as fracture of skull, and consequences (e.g., sepsis, American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-Chronic valvular heart disease; affection etc. The contributory need not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD NLY, WITH UNFADING INK--THIS IS A PERMANEN MARGIN RESERVED FOR BINDING WRITE P

	PLACE OF DEATH	00513	STATE OF N	MARYLAND
	County amounts	00010	CERTIFICATE	OF DEATH
	7, ,	31	Registration I	1/1
Vil	lage or City Thundsville (No.		St.: Ward)	(If death occurred in a hospital or institu-
		1		tion, give its NAME ir
	2FULL NAME Mrs Grace	Lavage		stead of street and number.)
-	***************************************		***************************************	
	PERSONAL AND STATISTICAL PARTICULARS	MEDIC	CAL CERTIFICATE C	F DEATH
3 9	MARRIED.	16 DATE OF DEATH	2	Real
ス	male white WIDOWED, OR DIVORCED	2		, 1924
10	(Write the word)	- Tung		(Day) (Year)
6 0	DATE OF BIRTH	17 I HEREB	Y CERTIFY, That I atte	ended the deceased from
	190	8	192 to	, 192
	(Month) (Day) (Year)	that I last saw h	Talive on how	, 1927.,
7 A	GE [If LESS the	an and that death occu	rred on the date stated	above, at / Oclosm.
	1 day h		TH * was as follows:	
	Wyrs. 9 mos. 6 ds. or mir	1.?		fa
8 0	OCCUPATION	Lubn	recelosis 1	mge
	a) Trade, profession or Housewife		•••••••••••••••	.o.g.oo.o.g.or.od.o.g.uuqooo.oo.oo.oo.oo.oo.oo.oo.oo.oo.oo.oo.oo
1	b) General nature of industry	***************************************		**************************************
Ъ	usiness, or establishment in which employed or (employer)		(Durstion)	yrsds.
		Contributory .		
9 6	(State or country) many found	Secondary		
			(Durstion)	mosds.
	10 NAME OF FATHER Samuel Vandrekel	(Signed)	maxim	M. D.
	11 BIRTHPLACE	- Juny 11 7 192	(Address) Tre	Maria Jay
TS	OF FATHER		Disease Causing Death, state (1) Means of In	
RENT	(State or country)	Violent Causes, a	state (1) Means of In	jury and (2) Whether
ARI	12 MAIDEN NAME OF MOTHER Ah. h. of a			als, Institutions, Trans-
Q.	among	ients or Recent R		
	13 BIRTHPLACE OF MOTHER	At place of deathyrs	In the	yrsmosds.
	(State or country)		4 /	11-11
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease cor if not at place of de	ath?	1
	4	Former or usual residence	Usual Kissi	luck
	(Informant) Lorge Herry	19 PLACE OF BURI.	AL OR REMOVAL	DATE OF BURIAL
	(Address) Ommelsule is	1/2	1 Centry	Jan 12,028
-	The state of the s	20 UNDERTAKER	an / rung. 1	ADDRESS
15	Filed Jan. 11- 192 & Jasper Guara	M M	1	I , ,
	Local Registrar	11/11/	errigo 1	Vresident
	If more blanks are needed, address State Regist	rar, 16 W. Saratoga St.,	Balto., Reguesting V. S	. No. 1.

N. B.-

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Spinner, should be used only when needed. As examples: (a) Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthto report laborer, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Statement of Occupation-Precise statement of oc-Foreman, first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Wom-(b) Cotton mill; (a) Salesman, without more precise specification as Day specifically the occupations of persons en-(b) Automobile factory. The material 6)

And Andrews CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epida"

Typhoid fenor Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

If this certificate is looked over thoroughly and all questions answered in depail, it will prevent further correspondence. All the certificate is essential and must be obtained before the certificate is permaneatly fied. tetanus) may be stated under the head of "contributory." carbolic acid—probably suicide. The n.ture of the injury. accident; Revolver wound of head-homicide; Poisoned by "Uraemia," "Weakness," etc. when a definite disease as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Scnile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. stated unless important Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcasles; unqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions," peritonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condi-Example: Measles (disease chopneumonia (secondary), valvular heart disease; affection necd etc. The contributory not be

S. No. 1

	158
PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County Javeur	OLKINIONIE OI DEMINI
1	Registration Dist. No. 167
Village or City of France (No.	St.: Ward) (If death occurred is a hospital er institution, give its NAME is stead of street an
2FULL NAME /// DISWAL	Davage number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Single, MARRIED, Magle WIDOWED, MICH OR DIVORCED GL	16 DATE OF DEATH (Month) (Year) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Israhanoura.	192 . to
(Month) (Day) (Year)	that I last saw halive on
7 AGE [If LESS than	and that death occured on the date stated above, at
75 yrs. mos. ds. or min.?	The CAUSE OF DEATH * was as follows: allegentally burned to death
a occupation (a) Trade, profession or	Thras burned in taming building a small
particular kind of work	house he lived in alone cure
business, or establishment in	
which employed or (employer)	(Duration)yre mos
9 BIRTHPLACE (State or country)	Contributory Secondary
yearree Co. mo	(Duration) yrs mos mos
FATHER PLANE SOUTH	(Signed) M. M.
O 11 BIRTHPLACE	192 (Address) of pundsville ma
OF FATHER (State or country) Margland	*State the Disrase Causing Death, or, in desths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME A CAVARY W	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or country) Maryland	of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted furnish death in
Relation Il	Former or usual residence france of Ephram Thomas
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Pour Selly eport Mod.	Sand Spring Com Mov. 1 . 192
Filed Jury 1 1928 Juspen Grand Registras	20 UNGERTAKER & avage Freudoulle
If more hanks are needed, address State Revistrar	r, 16 W. Saratoga St., Balto,, Requesting V. S. No. I.
	11110

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g.. Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager." "Deal-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-For many occupations a single word or term on To especially in industrial employments, it is neces-Farm laborer, Laborer-At Home, and children, without more precise specification as Day -Coal mine, etc., Womnot gainfully em-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup 7; Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tetanus) may be stated under the head of "contributory. "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma,, etc., of as fracture of skull, and consequences (e.g., separis, carbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage can be ascertained as the cause. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by (Recommendations on statement of cause of death Whooping cough; American Medical Association.) Examples: Accidental drowning; Struck by railway train-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY Committee on Nomenclature Chronic etc. The contributory valvular heart Always qualify all disease;

If this certificate is looked ever thoroughly and all questions answered in detail, it will prevent further correspondence. A.Ithe data is espential and must be obtained before the certificate in permanently filed.

PLACE OF DEATH

S. No. 1 0

County Jospell	CERTIFICATE OF DEATH
0 0 00 0	Registration Dist. No. 169
Village or City Laor (Port Mo)	St.: Ward) (If death occurred in
son Rent	a hospital or institu- tion, give its NAME in- stead of street and
2 FULL NAME Flary Elizabeth	Javo-9'& stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX) 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED WILDOWED OR DIVORCED OR DIVORCED	16 DATE OF DEATH Left 19 , 1928
terrile (Write the word)	(Month) (Day) (Yesr)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That Lattended the deceased from
(Month) (Pay) (Year)	that I last saw har alive on Deft 17 1928,
7 AGE [If LESS than	and that death occurred on the date stated above, at
9 I day hrs.	The CAUSE OF DEATH * was as follows:
7 yrsnosds. ormin.?	
B OCCUPATION (a) Trade, profession or	Coule Dependen
particular kind of work (b) General nature of industry	
business, or establishment in	(Duration)yrsmosds.
which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary (Duration) vis
10 NAME OF	modernheine
FATHER Wesley Warage	C12 () () () ()
O 11 BIRTHPLACE OF FATHER	*State the lis ase Causing Desth, or, in deaths from
Z (State or country)	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Trees	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
OF MOTHER (State or Country)	of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of dea h?
	Former or usual residence
(Informan)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Add Malles Cajage	20 SANG PUN Md Jept 21, 19 20
15 Peter Difference galle	20 UNDERTAKER ADDRESS
Filed Sep_d1_ 1928 Whi Mall hegistrai	W.W Davage trendeville
If more hanks are needed, address trace Registra	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. state occupation at beginning of illness. If retired from business, that fact may be indicated thus; Farmer (re-Househald, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Servant, Cook, to report dorer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the Physician, Compositor, Architect, Foreman, For many occupations a single word or term on especially in industrial employments, it is neceswithout more precise specification as Day specifically the occupations of persons en-(b) Automobile factory. The material Stationary fireman, etc. But in many Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the DISBASS CONSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid Jever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, "PUERPERAL septicacmia," "PUERPERAL perilonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) affection need not be American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-," "Heart failure," "IIaemorrhage, Chronic valvular heart discase; Example: Measles (disease "Senile," etc.), "Dropsy, etc. The contributory

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH	STATE OF MARYLAND
County Marrett	CERTIFICATE OF DEATH
	Registration Dist. No. / 6H
Village or City decident (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME COLIZ alus 15	fCMrlinayly number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIEU. Single WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Willy What (Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
annet 21 , Fly	, 192, to, 192,
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE	
1 day hrs. 10 mos. 20 de. or min.?	
8 OCCUPATION	16.6
(a) Trade, profession or particular kind of work	- Mysof wyy
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrsmosds.
9 BIRTHPLACE	Contributory
(State or country)	Secondary
10 NAME OF DO DO	(Signed) () () () () () () () () () (
FATHER Grinfophurdiklussings	Lesle 10 1924 (Address) Beach Am
OF FATHER Z (State or country)	
State or country Urman	Violent Causes, atate (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Jumas words Viennes	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place In the
(State or country)	of death yrs mos de, State yrs de,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
as all miller	Former or usual residence
(Address) accordent mu	Accelerat 720 July 12, 1928
Filed July / 1928 af Bichton Registrar	20 UNDERTAKER ADDEESS ADDEESS ADDEESS ADDEESS ADDEESS
	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from laborer, Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; i sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully emdefinite salary, may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer." "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stotionary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enployed as At school, or At home. Care should be taken borer, Farm laborer, Laborer—Coal mine, etc. Wom-Foreman, For many occupations a single word or term on yrs). For persons who have no occupation (b) Automobile factory. The material Grocery,

Statement of Cause of Death—Name, first, the DISEANE CAUSING DWATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal funer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Vinanition," "Marasmus," "Old Agc," "Shock," stated unless important. Example: Measles (disease diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritoritis," etc. causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condiinterstitial nephritis, cough; Chronic valvular heart disease; and consequences (e. g., sepsis, etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

	PLACE County	Jurres		1 (No	A. Sc
		L NAME	Va	villa	
3 S		4 COLOR O	OR RACE	5 SINGLE, MARRIED, WIDOWED. OR DIVORCE (Write the wor	D
6 0	DATE OF BIR	rH	DE/- (Month)	3 (Day)	, 1853 (Year)
7 A	GE /	74 yrs.	//	2.4	If LESS than I day hrs.
Sow W	articular kind b) General na usiness, or es rhich employe (State or cou	ture of inditablishment	in astry	Card	
	10 NAME OF	john	1.	Frage	2_
NTS	OF FATHI (State or	ER	6	Ind.	
PARE	12 MAIDEN OF MOTH		yabe	The Ste	ick
	13 BIRTHPL OF MOTH (State or	ER		Pa.	
14 7	(Informant)	1	School Brys	os MY KNOW	gel MA
15	Filed Sup	28= 19	28 Ja	sper L	cord Registrar

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ward)	a hospital	occurred in or institu-
	tion, give is stead of number.)	ts NAME it - street and

16 DATE OF DEATH Selbypport md, 1925
September (Month) 27 (Day) (Year 126.
17 I HEREBY CERTIFY, That I attended the deceased from 1925 to Sept 2/2 , 1928, that I last saw her alive on Sept 20 , 1928,
and that death occurred on the date stated above, at 12-20 Am.
The CAUSE OF DEATH * was as follows: **Randysik**
(Duration) 2 yrs. 7 mos ds. Contributory Secondary
Secondary (Duration) yrs mos ds, (Signed) Al Meson M. D. Sept 27 192 (Address) Frenchantle Md.
*State the Disesse Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
At place of death yrs mos ds. In the State yrs mgs ds. Where was disease contracted. Of place of death?
Former or usual Residence
necessile med 8 4 29, 1928
My Savage Mandrell
16 W. Saratoga St., Baito., Requesting V. S. No. 1.

MEDICAL CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housestate occupation at beginning of illness. If retired from Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many tired 6 yrs). business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-," etc., without more precise specification as Day Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) Salesman, For persons who have no occupation (b) Automobile factory. The material Laborer—Coal mine, etc. (6) Grocery;

Statement of Cause of Death—Name, first, the DISERASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

telanus) may be stated under the head of "contributory." American Medical Association.) approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," causing death), 29 ds.; L. stated unless important (secondary or intercurrent) affection need not be Chronic interstitial nephritis, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; Examples: Accidental drowning; Struck by railway train-Whooping unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condicough; Committee on Nomenclature ngenital," "Senile," etc.), "Dropsy, "Heart failure," "Haemorrhage, Chronic valvular heart disease; Example: Measles (disease chopneumonia (secondary), etc. The contributory of the

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.-Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact RECORD INLY, WITH UNFADING INK--THIS IS A PERMANEN WRITE P

MARGIN RESERVED FOR BINDING

PLACE OF DEATH	STATE OF MARYLAND
County Favrels	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Hundsville (No.	St.: Ward) (If death occurred a hospital or institution, give its NAME is stend of street as
2FULL NAME Hyle Marin	e I Chroy Ev. stead of street as number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, MARRIED, Whose of Divorced (Write the word)	16 DATE OF DEATH , 192
6 DATE OF BIRTH Opene 3	
(Month) (Day) (Ye	
7 AGE 2 yrs. 2 mos. 6 ds. lf LESS day	hrs. The CAUSE OF DEATH * was as follows:
8 OCCUPATION	C. O. O. O. O.
a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yts. mos 6
(a) Trade, profession or particular kind of work	
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) BIRTHPLACE (State or country) Freudsville Larrett Co	Contributory Secondary (Duration) yrs. mos 6 (Duration) yrs. mos 3 (Signed) M.
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) recudsively farrett Co 10 NAME OF FATHER CIL A Schroyer 11 BIRTHPLACE OF FATHER (State or country) 22 Company of the country of th	(Duration) yrs. mos 6 Contributory Secondary (Signed) M. M. Jumb 192 5 (Address) Film Assille Ma
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) recudsively factor of FATHER (State or Country) factor of FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER CAYLON FIRE	Contributory Secondary (Duration) yrs. mos 6 (Duration) yrs. mos 3 (Signed) M.
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(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many whatever, write None. to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the laborer, er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) Salesman, For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. not gainfully em-(b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved by tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Echaustion," "Heart failure," "Haemorrhage," atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. stated unless important Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles, (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary Whooping unqualified, is indefinite); Tuberculosis of lungs, menperitonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; or intercurrent) Committee on Nomenclature Chronic Example: Measles (disease chopneumonia (secondary), etc. affection need not be valvular heart disease, The Always qualify all contributory of the

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate in permanently filed.



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	PLACE OF DEATH	STATE OF MARYLAND
(County Garrett	CERTIFICATE OF DEATH
		Registration Dist. No. 161
Vill	age or City Friendsvill (No.	/hc
A 111	or City (No.	tion, give its NAME
	2FULL NAME balan Cucun,	Chroy steed of number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	MARRIED,	16 DATE OF DEATH COTTAGEN 11th 1000
2	nele While OR DIVORCED (Write the word)	1928
6 D	ATE OF BIRTH	(Year) I HERERY CERTIFY, That I attended the deceased fr
	In I zzur	Sept 15th 1928 to Oct 1104 199
	(Month) (Day) (Year)	that I last saw him alive on Sight 15 41 , 192
7 AC		and that death occurred on the date stated above, at S
	I day hrs.	The CAUSE OF DEATH * was as follows:
,	yrs. 2 mos. / ds. or min.?	Conquite Debely
8 00	Trade, profession or Luxant	
7.13	rticular kind of work	
(b)	Ceneral nature of industry siness, or establishment in	(Duration) are 2 may 19
bu wh	rticular kind of work) General nature of industry siness, or establishment in hich employed or (employer)	(Duretion) yrs. 2 mos./9
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(Approved by U. S. Census 2nd American Public Health Association.)

er," etc., wave. state occupation at beginning of illness. If retired from tired 6 yrs). Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, cupation is very important, so that the relative healthor At Home, and children, not gainfully em-For many occupations a single word or term on without more precise specification as Day For persons who have no occupation Laborer-Coal mine, etc. Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerobrospinal fover (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." "Uraemia," "Weakness," etc., when a definite disease as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," cto. American Medical Association.) approved by (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. "Exhaustion," "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. stated unless important (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcasles, (name origin; "Cancer" is less definite; avoid ingcs, perilonaeum, etc., Carcinoma, Sarcoma, etc., of Whooping unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Committee on Nomenclature "Heart failure," "Haemorrhage, Chronic valvular heart disease; Example: Measles (disease chopneumonia (secondary), etc. The Always qualify all contributory

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REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the er," etc., without more precise specification as Day Laborer, Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: additional line is provided for the latter statement : it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor. Architect. Locomolive engineer, Civil engineer, Stationary fireman, et . But in many the first line will be sufficient, e.g., Farmer or Planler, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation- Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (rcor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a report specifically the occupations of persons en-Foreman, For many occupations a single word or term on (b) Automobile factory. The material (6) Grocery;

ed term for the same discuss. Endanged et erm for the same discuss. Endanged et erm for the same discuss. Endanged erequiver (the only definite synonym is "Epidemic ceregrospinal meningitis"); Diphtheria (avoid use of "Croup"); Spinal meningitis"); Piphtheria (avoid use of "Croup"); Spinal meningitis"); Spinal meningitis"); Spinal meningitis", Spinal meningitis ("Pneumonia"); Spinal meningitis fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Crount"
Typhoid fever (never report "Typhoid") Statement of Cause of Death-Name, first, the DIS-

"Uraemia," "Weakness," etc., when a definite disease "Inanition," "Debility" ("Congenital," "Senile," etc.), "Dropsy, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma,, etc., ef (name origin; "Cancer" is less definite; 2void telanus) may be stated under the head of "contributory". carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOWICI' A ., taken. FOR VIOLENT DEATHS State MEANS OF INJUNY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," diseases "Exhaustion, 10 ds. Never report mere symptoms or terminal condi-Chronic interstitial nephritis, unqualified, is indefinite); Twberculosis of lungs, menapproved as fracture of skull, and consequences (e.g., seg. seg. Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. Always quelify all Whooping (Recommendations on statement of cause of American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, resulting from childbirth or miscarriage by Committee on cough; "Marasmus," "Old Age," "Shock, "Heart failure," "Hacmorrhage, Chronic etc. The contributory valvular Nomenclature heart not be disease; death

data is essential and must be obtained before the cartificate is answered in detail, it will prevent further correspondence If this certificate is looked over thoroughly and all quations

permanently filed.

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PLACE OF DEATH County ATTEM Village or City Morace Parks. M. 2FULL NAME John J. Hoffa	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Fay) (Year) (Theograph CERTIFY, That I attended the deceased from
(Month) (Day) (Year)	that I last saw her alive on Jon 4, 1928.
7 AGE If LESS that day hrs day hrs or min.	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry Obusiness, or establishment in which employed or (employer)	Direction) yrs. mos. de.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER LEACH SLOTE	Contributory Secondary (Durstion) (Signed) (Signed) (M. D
OF EATHER Z (State or country) 12 MAIDEN NAME 2 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Caus s, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of Mother Cymphus Jergus 13 BIRTHPLACE OF MOTHER Levenses	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents) At place of death yrs mos. ds.
(State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Address) Oarland 7md	A PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed HN 9 192 Sulia CA Registras If more branks are needed, address State Registra	ar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., wie... laborer, i tired 6 state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, House-work, or At Home, and children, not gairfully emworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (d) should be used only when needed. As examples: (a additional line is provided for the latter statement; if nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many the first line will be sufficient, c. g. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Physician, Foreman, For many occupations a single word or yrs). For persons who have no occupation without more precise specification as Day rarm laborar, Lubarar—Coul mine, etc. Wom-Compositor, (b) Automobile factory. The Architect, Salesman. Locomotive (b) ma (eris l engineer Grocery term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebros pinal fever (the only definite synonym is "Epidemic cerebros spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"; Lobar pneumonia. Bronchopmeumonia ("Pneumonia");

State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy." (Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, ".PUERPERAL-septicaemia," "PUERPERAL peritonitis," can be ascertained as the cause. Always qualify all tions, such as "Asthonia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondar/ use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, discases " Uracmia, Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of death telunus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsus, Examples: Accidental drowning; Struck by railway train American Medical Association.) approved Iracmia, ""Weakness," etc., when a definite disease "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY Never report mere symptoms or terminal condiresulting from childbirth or miscarriage by Committee on cough; or intercurrent) affection need Chronic valrular etc. The contributory Nomenclature of the heart "Dropsy, not disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A it he data is essential and must be obtained before the certificate is permanently filed.

HYSI-Exact

./-	STATE OF MAR
County Harrett	GO CERTIFICATE OF
A I_{2}	Registration Dist. N
Village or City (alland (No	St: Ward) a hou
2 FULL NAME HORREY Shaha	tion, stead num
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DE
S SEX 4 COLOR OR RACE 5 SINGLE. MARRIED WIDOWED. OR DIVORCED	16 DATE OF DEATH West 21
(Write the word)	(Month) (Day
B DATE OF BIRTH	17 1 HEREBY CERTIFY, That I attended to 1928 to New 13
(Month) (Day) (Yea	that I last saw h Lm alive on Wee 13"
AGE IFLESS t	han and that death occurred on the date stated above,
3 2 yrs. // mos. 28 ds. or m	
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Aparticular kind of work (b) General nature of industry business, or establishment in which employed or (employer) DESTRIPPLACE (State or country) 10 NAME OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER (State or Country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address)	Contributory Secondary (Signed A. 192 (Address) *State the lis ase Causing Death, or, i Violent Causes, state (1) Means of Injury an Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Ir ients or Recent Residents) At place of death Where was disease contracted, if not at place of death Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL OLIMITATION DA OLIMI
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STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.:	.Ward)	(If death occurred in a hospital or institu
		tion, give its NAME in stead of street and

MEDICAL CERTIFICATE	OF DEATH
16 DATE OF DEATH West	21", 1928
(Month)	(Year)
17 1 HEREBY CERTIFY, That I at	
MW, 16" 1928 to De	c/ /3 , 1928
that I last saw h im alive on Decl	/3 ", 192 &
and that death occurred on the date stated	d above, at 12 - noove m
The CAUSE OF DEATH * was as follows:	
Contributory Secondary (Signed) 1. (Duration) (Signed) 1. (Address) *State the lisase Causing Death, Violent Causes, state (1) Means of In Accidental, Suicidal or Homicidal.	yts
18 LENGTH OF RESIDENCE (For Hospi	itals, Institutions, Trans
At place of death yrsds. In the	te / yrsds
Where was disease contracted, if not at place of dea.h?	
Former or usual residence	
one run cemeting	Wee 23, 1928
20 UNDERTAKER	ADDRESS

No. 1 02

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queser," etc., without more process. Womlaborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) the first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emadditional line is provided for the latter statement; it sary to know cases, especially in industrial employments, it is neces-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a worked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, For many occupations a single word or term on yrs). For persons who have no occupation Stationary fireman, etc. But in many (a) the kind of work and also (b) the

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Drcpsy,"
"E:haustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi FOR VIOLENT DEATHS state MEANS OF INJULY Chronicaffection need etc. The contributory valvular heart Nomenclature of the disease; not be

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

V. S. No. 1

PLACE OF DEATH County Fariell Village or City Kifzmiller (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. / 72 St.: Ward) a hospital or institu-
- 2	flus tion, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Not Therowx, Dead in entero, 1928 (Month) (Day) (Year)
6 DATE OF BIRTH Muy (Conth) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from May 15 1925 to May 6, 1925 that I last saw h alive on not alive , 192,
7 AGE If LESS than day hrs. day hrs. or min.?	and that death occurred on the date stated above, at
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER Lulie B, Shurplers 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Contributory Secondary Duration Secondary Duration Secondary Duration Secondary Duration Secondary Duration Secondary M. D. State the Disease Causing Death, er, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death Secondary State
(Informant) Lerlie B, Sheuflus (Address) Kitzmiller Md Filed 57/9 1928 A & Bassell Registras	19 PLACE OF BURIAL OR REMOVA DATE OF BURIAL Short Run cemetry May 18, 19 88 20 UNDERTAKER LAURELESS Blame

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from definite salary), may be entered as *Housewife*, *Housework*, or *At Home*, and children, not gainfully emer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The materia. additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write Nonc. gaged in domestic service for wages, as Scruant, Cook ployed as At school, or At home. Care should be taken en at home, who are engaged in the duties of the should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, worked on may form part of the second statement. For many occupations a single word or term on yrs. For persons who have no occupation Grocery;

Statement of Cause of Death—Name, first, the DISEAL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

American Medical Association.) stated unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of tho injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HONICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); inges, peritonaeum, etc., Carcinoma, Sarcoma, Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Never report mere symptoms or terminal condiinterstitial nephritis, by Committee on Nomenclature Chronic etc. The contributory valvular heart Macasles; disease;

If this bertificate is looked over thoroughly and all questions answered in defail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permaneutly filed.

N. B.--Every item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact NLY, WITH UNFADING INK--THIS IS A PERMANEN RECORD MARGIN RESERVED FOR BINDING WRITE P

V. S. No. 1

certificate.	Village or City H A (No. 2FULL NAME 0 FRT	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Serti	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
on back of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED: MIDOWED, OR DIVORGED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year)	(Month) (Day) (Year) (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 1927 to 7, 1928.
See instructions	7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, at
Important. S.	particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Duration)yrsds. Contributory Secondary
is very	10 NAME OF FATHER AND ARPLES'S 11 BIRTHPLACE OF FATHER Z (State or country) A RY LAND A RY LAND OF FATHER	(Signed)
OCCUPATION	12 MAIDEN NAME OF MOTHER 13 BIRTHPLAGE OF MOTHER (State or country) 14 RUPN 15 MAIDEN NAME OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted.
statement of	(Informant) ARP FSS (Address) ANTON	if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL A DATE OF BURIAL A DATE OF BURIAL A DATE OF BURIAL
60	Filed AN 3 1928 Which Toward Registrar If more blanks are needed, address State Registrar	no Py 13 o V E N ADDRESS Mo Py 13 o V E N A H H N A 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., Without more record mine, etc. laborer, Farm laborer, Laborer—Coal mine, etc. Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. to report specifically the occupations of persons enployed, as Al school, or Al home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, tion applies to each and every person, irrespective of engineer, Stationary fireman, etc. But in many For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the Locomotive engineer, Wom-

(the only definite synonym is "Epidemic cerebrospinal Ry Bythold fever (never report "Typhoid freumonia, Bronchopneumonia ("Pressentation);

Lobar pneumonia, Bronchopneumonia ("Pressentation);

CEINED

approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, stated unless important Example: Measles (disease Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles; American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, causing death), 29 ds.; L. shopneumonia (secondary), (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menperitonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS STATE MEANS OF INJURY resulting from childbirth or miscarriage as cough; Chronic and consequences (e. g., sepsis, valvular heart The contributory disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is: essential and must be obtained before the certificate is permanently filed.

	Form V. S. No. 5	
USE tant.	PLAGE OF DEATH CERTIFICATI	E OF DEATH COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF HEALTH BUREAU OF VITAL STATISTICS
CA	Di	strict No
tate	Township of	File No
uld a		striot No. Registered No
shor	City of	SILBAUGH D. [If death occurred in a Hospital or Institu-
CIANS	2. FULL NAME Ors name) Lucy	Shunts The feet etead of etreet and number.
PAT	(a) Residence. No	St Ward.
PHYS	Length of residence in city or town where death occurred yrs. mos.	(If nonresident give city or town and State) ds. How long in U. S., if of foreign birth? yrs. mos. ds.
MÕ	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
LY.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)	16. DATE OF DEATH
ACT	hun by -	(Month) (Day) (Year)
EX	5a. If married, widowed, or divorced HUSBAND of	17.
ated	(or) WIFE of	I HEREBY CERTIFY. That I attended deceased from
be st Exa	6. DATE OF BIRTH (month, day, and year) May 20 1928	that I last saw h Avalive on 20 1928.
ld b	7. AGE Years Months Days IF LESS	and that death occurred, on the date stated above, at
shou	5 Mints	The CAUSE OF DEATH* was as follows:
G Es	07.3.: min.	Greensleer - Birth
rly	8. OCCUPATION OF DECEASED	6 tuo
supplied. be properly	(a) Trade, profession, or particular kind of work (b) General nature of industry,	
FAI supp	Pusinese or establishment in — which employed (or employer)	(duration)yrs,mos,days
ully ay	(c) Name of employer	CONTRIBUTORY
refure t m	9. BIRTHPLACE (city or town)	(Secondary)
at i	(State or Country) Sarretto ned,	18. Where was disease contracted if not at place of death?
nd h	10. NAME OF FATHER Paul Silbrargh	Did an operation precede death? Date of
short short of c	11. BIRTHPLACE OF FATHER (city or town)	Was there an autopsy?
tion term	(State or Country)	What test confirmed diagnosis?
RIT rma rin n	MAIDEN Of ha Silleruser	(Signed) Woraus M.D.
for o su	13. BIRTHPLACE OF MOTHER (city_of town)	May . 2. A. 19 25 (Address) Cauplewer Pg
H ir	(State or Country)	*State the DISEASE CAUSING DEATH, or in deaths om Violent Causee, state (1 Means and Nature of Injury, and (2 whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)
item SAT	14. P. O P. R. L. C.	
ery ee i	(Address) addison Pa.	19. PLACE OF BURIAL, CREMATION OR DATE OF BURIAL
E	(Address) addison la.	20 UNDERTAKER ADDRESS ADDRESS
A	Filed Mar. 21., 1928 I. T. Chiler REGISTRAR	20. UNDERTAKER ADDRESS ADDRESS
Z	C REGISTRAR	(OVER)
	A control of the cont	(OVER)

A stillbirth must be registered both as a birth and death. The date of death should be the date of delivery and the death certificate should further state, if known, the cause of the stillbirth and the period of utero gestation in months.

Statement of occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e.g., Farmer, Physician, Stenographer, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many eases, especially in industrial employments, it is neeessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill, (a) Salesman, (b) Grocery, (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," ctc., without more precise specification, as Day Laborer, Farm laborer, Laborer-Coal mine, etc. Women at home who are engaged in the duties of the household only (not paid Housekeepers, who receive a definite salary), may be entered as Housewife. Housework or At home, and children, not gainfully employed, as At school or At home. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever write Nonc.

Statement of cause of death.—Name first the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term of

the same diseases. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles, Whooping cough, Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease causing death), 29 ds.; Bronchopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia," (merely symtomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility," ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the eause. Always quality as "PUERPERAL septichaemia," "PUERPERAL peritonitis," etc., all diseases resulting from childbirth or miscarriage. State cause for which surgical operation was undertaken. FOR VIOLENT DEATHS state MEANS of INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such if impossible to determine definitely. Examples: Accidental drowning; Struck by railway trainaccident: Revolver wound of head-homicide; Poisoned by carbolic acid-Probably suicide. The nature of the injury, as fracture of skull, and consequences (e.g., sepsis, tentanus) may be stated under the head of "Contributory."

Space for additional information by physician

1	Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
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WRITE F NLY, WITH UNFADING INK I HIS IS A PERMANEL	Every Item of information should be carefully supplied ACE should be stated EXACT CIANS should state CAUSE OF DEATH in plain terms so that it may be properly class statement of OCCUPATION is very important. See instructions on back of certificate.	
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PLACE, OF DEATH	STATE OF MARYLAND
LACE OF BEATH	CERTIFICATE OF DEATH
County Janel	Registration Dist. No. 167
Village or City Henry, W. Va (No	St.: Ward) (If death occurred in a hospital er institution, give its NAME in-
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 NINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
Month (Day) (Year	1928. to 1928, 1928, 1928, 1928, 736
7 AGE Born Dead If LESS the I day hr	a. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	Duration) yre mos do.
9 BIRTHPLACE (State or country) W. Va - Md	Contributory Secondary (Duration) yra. da.
11 BIRTHPLACE OF FATHER (State or country) 10 NAME OF FATHER (State or country)	(Signed) *State the Discase Causing Death, or, in deaths from Violent Caus, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER MEVA Holtermas	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents or Recent Residents)
18 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death
(Informant)	Former or usual residence
(Address)	The Halterman Cemeters July 28. 1928.
Filed July 28, 1927 Vinginia M. Harvey	20 UNDERTAKER acting. ADDRESS

If mora blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

7. S. No. 1

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(Approved by U. S. Census and American Public Health Association.)

cupation is very important, so that the relative health Spinner, (b) Colion mill; (o) Solesman. should be used only when needed. As examples: (a) the first line will be sufficient, c. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesen at home, who are engaged in the duties of the additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Statement of Occupation-Precise statement of ocwhatever, write None. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Former (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. gaged in domestic service for wages, as Servont, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Mever return 'Laborer," "Foreman," "Nanager," "Dealworked on may form part of the second statement. Civil engineer, Physician, Compositor, Architect, Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Stationary fireman, etc. But in many If the occupation has been changed Locomolive engineer, (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); "yphoid fever (never report "Typhoid Pneumonia"); "whom preumonia, Bronchopneumonia ("Pneumonia,");

"Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, men-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all (secondary or intercurrent) Whooping as fracture of skull, and consequences (e. g., sepsis, letanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, aecident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underapproved by (Recommendations on statement of cause of death Examples. Accidental drowning; Struck by roilway train American Medical Association.) (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstatial nephritis, cough; Committee on Nomenclature Chronic affection need etc. The contributory valvular heart discuse; Sarcoma,, not be etc., of

If this certificate is looked over thoroughly and all questions answeed in detail, it will prevent further correspondence. A line data is essential and must be obtained before the certificate is permanently filed.

T. S. No. 1

statement of OCCUPATION is very important. See instructions on back of certificate.
Plant College
OLA HO THE TANK A TIER OF DEATH IT MISS AS THAT IT MAY BE DIODELY CLASSIFIED. EX
BEvery item of information should be carefully supplied ACE should be stated EAAOTET, FA

PLACE OF DEATH	STATE OF MARYLAND
County Lanet	CERTIFICATE OF DEATH
11	Registration Dist. No. 15
Village or City Henry W. Va. (No.	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Baby of Mr. + Mrs. C- &	tion, give Its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single Widowed (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH July 78, 1928 (Month) (Day) (Year	July 28 1928. to July 28, 1928. that I last paw him alive on July 28, 1928.
7 AGE Born dead	
yre. mos. ds. or min.	13
(a) Trade, profession or particular kind of work (b) General nature of industry	Tremetury
business, or establishment in which employed or (employer)	(Duration)yrsmosda,
9 BIRTHPLACE (State or country) W. Vo. md	Contributory Secondary (Duration) yra de
FATHER G. S. Simmons	(Signed) Harry J. July 9 M. D.
STATE (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Meva Holterman	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- lents or Racent Residents)
18 BIRTHPLACE OF MOTHER (State or country) A -	At place of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	Former or usual residence
(Informant) (Address)	The Halter man Cemeter July 25, 19, 25
Filed July 28, 1928 Virginia M, Harvey	20 UNDERTAKER acting LODRESS C. A Simmons. Henry U.
If more blanks are needed, addrose State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from er," etc., Spinner, (b) Cotton mill; (a) Salesman. (b) (a) Foreman, (b) Automobile feetory. The should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer. the first line will be sufficient, c. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. eupation is very important, so that the relative health Statement of Occupation-Precise statement of ocgaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH household only (not paid Housekeepers who receive a whatever, write Nonc. Housemaid, etc. If the occupation has been changed report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Hame, and children, not gainfully emyrs). Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Stationary fireman, etc. But in many For persons who have no occupation factory. The material Locomolive engineer, Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"; "uphoid fever (never report "Typhoid Pneumonia"; "obar pneumonia. Bronchopneumonia ("Pneumonia.")

stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary) inges, perilonaeum, etc., Carcinoma, "PUERPERAL seplicaemiu," "PUERPERAL peritonilis," etc. "Uraemia," "Weakness," etc., when a definite disease "Exhaustion," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary unqualified, is indefinite); Tuberculosis of lungs, men-State cause for which surgical operation was underean be ascertained as the cause. Always qualify all diseases resulting from ehildbirth or miscarriage as Whooping cough; as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." carbolic acid-probably suncide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, approved Examps: Accidental drowning; Struck by railway train—accident, Levolver wound of head—homicide; Poisoned by (Recommendations on statement of eause of American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY interstitial nephritis, by Committee on Nomenclature or intercurrent) affection need not be Chronic valvular heart etc. The Sarcama,, etc., of eontributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

7. S. No. 1

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PLACE OF DEATH County 16 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	STATE OF MARYLAND CERTIFICATE OF DEATH
D D	Registration Dist. No.
Village or City Clll. (No.	St.: Ward) (If death occurred in hospitel er institu-
2 FULL NAME Leona Way	tion, give Its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Write the word	16 DATE OF DEATH 73, 1928
Month) (Day), 1928	17 I HEREBY CERTIFY, That I attended the descend from 192 To Mory 2-3, 1928, that I last saw he salive on Mory 2-3, 1928,
7 AGE If LESS than	and that death occursd on the data stated above, at
yrs. 3 mos. 12 ds. or min.?	The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or Particular kind of work	Quelestras Verflueza
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs mos ds.
State or country) Celline Ma	Durstion) yrs. mos. ds.
10 NAME OF BRAUSON AUGUSTA	(Signed) 192 & (Address) Ourse de 9
OF FATHER (State or country)	V*State the Discase Causing Death, or, in deaths from Violent Causs, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
of MOTHER Lille atterns	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
18 BIRTHPLACE OF MOTHER (State or country) W U V	At place in the of death
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Brancou Summer	Former or usual residence
(Address) Delle MC	Mable Storne May 24 1,28
Filed May 14 1928 Hulin Kowan Registras	Eyroy Bolder Oakland Wo
f more blanks are needed, addrose State Registrer	, 16 W. Saratoga St. Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning cfillness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House er," etc., without more precise specification as Day Spinner, (b) Cotton mill; (a) should be used only when needed. As examples : (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer. Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a en at home, Never return 'Laborer,'" Foreman," "Manager," "Dealworked on may form part of the second statement. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, c. g.. Farmer or Planter, report specifically the occupations of Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coul mine, etc. Womwho are engaged in the duties of the For persons who have no occupation (b) Automobile factory. The material Solesman. (b) persons en-Grocery;

Statement of Cause of Death—Name, first, the DISLEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Johan pneumonia, Bronchopneumonia ("Ppeumonia");

"Debility" ("Congenital," "Senile," etc.), "Dropsy," (Exhaustion," "Heart failure," "Haemorrhage, as fracture of skull, and consequences (e.g., sepais, telanus) may be stated under the head of "contributory." "PUERPERAL septicacmia," "PUERPERAL peritonitis," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), stited unless important. Example: Measles (disease inges, perilonaeum, etc., Careinoma, Sarcoma, (Recommendations on statement of cause of exrbolic acid-probably suncide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomuse of "Tumor" for malignant neoplasms); Measles, approved by Committee on Nomenclature of the (secondary or intercurrent) affection need not be Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) Examples: Accidental drowning; Struck by railway train (name origin; "Cancer" is less definite; avoid "Atrophy." "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY cough; Chronicetc. valvular heart The contributory Always qualify all discuse;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

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V. S. No. 1		1
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PLACE OF DEATH	STATE OF MARYLAND
County Jarrett 03018	CERTIFICATE OF DEATHY
County	Registration Dist. No.
Village or City (No. (No.	St.: Ward) (If death occurred in a hospital or institu-
2.1	tion, give its NAME in- stend of street and
2FULL NAME Saly Size	number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH M
Ton WRI. OR DIVORCED	(Month) (Day) (Year)
(Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	1000 To 1042 to Pack 192
Mor. 18, 1920	that Night arm by a live on a 192
(Month) (Day) (Year)	and that death sopreed on the date stated above, at he ne
7 AGE [If LESS than	1160
l day,hrs.	• //
yrs. mos. ds. or min.?	Stanta
(a) I rade, profession or	Succession of the succession o
particular kind of work	199
business, or establishment in	(Duration) yre. mys de
Which employed or (employer)	Contributory
9 BIRTHPLACE (State or country)	Secondary
of ta, former co	(Duration) yis mos, d
10 NAME OF Pare Jense	(Signed) M. I.
11 BIRTHPLACE	//or 19.192 (Address O & O
OF FATHER (State or country) 12 MAIDEN NAME	*State the Discase Causing Death, or, in deaths from Violent Causs, state (1) Means of injury and (2) whether
(State of Country)	Accidental, Suicidal or Homicidal.
of MOTHER May 1	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans
13 BIRTHPLACE	ients or Recent Residenta) At place In the
OF MOTHER (State or country)	of deathyrsds. Stateyrsds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	Former or usual residence
(Informant) The Dines	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Sine ma	S. md Mck 19.2
(Addicas)	20 AUNDERTAKER To The ADDRESS
15 Viled Ch 19 1928 Danue Sine	James 700
FOCAL Registrar	Thuy ones Sines 11
If more blanks are needed, address Etate Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

MULLE

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, placed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) Groccry, (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: c additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer. Stationary fireway, et. Bug in many cases, especially in incustrial employments, it is necesthe first line will be sufficient, e. g. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-Housemaid, etc. whatever, write None. Physician, Compositor, Architect, Locomolive engineer, report specifically the occupations of persons enetc., or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day If the occupation has been changed

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primity affection with respect to time and causation), using always the same accepted term for the same disc se. E amples: ("erebrospinal fever" (the only definite synonym is "Spidemic cerebrospinal meningitis"); Diphtheria avoid use of "Croup"; Typhoid fever (never report "Typhoid Pneumonia"; Lobar yneumonia Bronchopmeumonia ("Pneumonia";

"Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stited unless important. Example: Measles (disease telanus) may be stated under the head of "contributory and qualify as ACCIDENTAL, SUICIDAL, or HOMECUAL, "PUERPERAL septicaemia," "PUERPERAL perilonitis, diseases resulting from childbirth or miscarriage as atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), inges, perilonaeum, etc., Curcinoma, Sarcoma,, etc., of as fracture of skull, and consequences (e. g., seisis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was undercan be ascertained as the cause. (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); American Medical Association.) (Recommendations on statement Examples: Accidental drowning; Struck by railway train Whooping cough, Chronic valvular heart disease; Chronic interstitial nephritis, etc. The contributory unqualified, is indefinite); Tuberculosis of lungs, men-... (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS state MEANS OF INJULY Never report mere symptoms or terminal condiby Committee on Nomenclature of cause of Always qualify all Measles; death

If this certificate is backed over thoroughly and all quartions answered in detail, it will prevent further correspondence. The data is essential and must be obtained before the cartificate is permanently filed.



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STATE OF MARYLAND

County Sarrell	CERTIFICATE OF DEATH
Village or City Lines Moso: 2FULL NAME Langel Lines	Registration Dist. No. St.: Ward) a hospitul or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH Oct 30 , 192 8
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw have alive on account 1928,
7 AGE If LESS than I day hrs. or min.?	
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry husiness, or establishment in	(Duration) yts, mos., ds.
9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrsmosds.
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country)	(Signed)
of MOTHER Matilda Russuer	*State the Liscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs mos ds. In the State yrs mos ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	r not at place of dea.h?
(Informant) Martha Lines. (Address Dines, Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL LUCY MOVE 19 19 2.8
15 h / 108	20 UNDERTAKER ADDRESS

Registra

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Lay laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed g: ged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dcalworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). For persons who have no occupation

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Drepsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Measles (disease unqualified, is indefinite); *Tuberculosis of lungs, meninges, perilonaeum*, etc., *Carcinoma, Sarcoma*, etc., of (name origin; "Cancer" is loss definite; avoid approved by Committee on (Recommendations on statement of cause of death tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY Chronic etc. The contributory affection need valvular heart Nomenclature of the Always qualify all not be disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD NLY, WITH UNFADING INK--THIS IS A PERMANEN MARGIN RESERVED FOR BINDING WRITE P

V. S. No. 1

County County U5444	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Free Science 2FULL NAME Dale Sisle	Registration Dist. No. St.: Ward) St.: Ward) A hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH , 192 , 192 (Month) 10 (Day)/928 (Year)
6 DATE OF BIRTH (Moath) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from May 10 1928 to may 10 1928 , that I last saw h malive on may 10 1928 ,
7 AGE 3 yrs. 10 mos. 4 ds. or min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	no further information cursoft 3 yrs. mos de.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER	Contributory Secondary (Duration) yrs
11 BIRTHPLACE OF FATHER Z (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds.
(Informant)	Where was disease contracted, at place of death if not at place of death? Former or usual residence usual residence
(Address) Precedorales 15 Filed May 11-1928 Jasper Grand Registrar	19 PLACE OF BURIAL OR REMOVAL Muy 14 19 20 20 UNDERTAKER ADDRÉSS ADDRÉSS
If more blanks are needed, address State Registra	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

whatever, write None. tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH ployed, as At school, or At home. Care should be taken er," etc., without more precise specification as Day Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthgaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the laborer, Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. sary to know (a) the kind of work and also (b) the Statement of Occupation-Precise statement of oc-Foreman, first line will be sufficient, e. g., Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) Salesman, (b) For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. Grocery

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease, Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

tions, such as "Asthenia," "Anaemia" "Convulsions," "Convulsions," approved tctanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suncide. The n:ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage," causing death), 29 ds.; L. stated unless important Chronic interstitial nephritis, use of "Tumor" for malignant neoplasmy; Measles, American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train-(secondary or intercurrent) affection need not be Whooping (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menperilonaeum, etc., Carcinoma, Sarcoma, etc., of FOR VIOLENT DEATHS state MEANS OF INJURY by " "Marasmus, " "Old Age, " "Shock, cough; Committee on Nomenclature of the Chronic Example: Measles (disease chopneumonia (secondary), valvular heart disease etc. The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

--Every Item of information should be carefully supplied. ACE chould be stated EXACTLY, PHYSI-CIANS should state CAUSE CF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD NLY, WITH UNFADING INK-THIS IS A PERMANEN BINDING MARGIN RESERVED FOR WRITE P S. No. 1

(3) 2

PLACE OF DEATH	STATE OF MARYLAND
County Garrett 15445	CERTIFICATE OF DEATH
A	Registration Dist. No.
mala folia	
Village or City /// dake (No.	St.: Ward) (If death occurred in a hospital or institu-
2 FULL NAME Christina Il	tion, give its NAME is stead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH May 11 1928
Hemale Wilde Wilder (Write the word)	
6 DATE OF BIRTH	(Month) (Day) (Year)
Dal- 95. 850	on may 12 192 8. to, 192 ,
(Month) (Day) (Year)	that I last saw have alive on Ser 10 , 192 8,
7 AGE (NOMEN) (Day) (Fear)	
l day hrs.	
77 yrs. 6 mos. 16 ds. or min.	Cerebral apopleyy
8 OCCUPATION Dy(a) Trade, profession or	
particular kind of work nouseklight	
(b) General nature of industry ousiness, or establishment in	(D.:)
which employed or (employer)	(Duration)yısmosds.
9 BIRTHPLACE (State or country)	Contributory Secondary
academ ///a"	(Dydyony) yrs mos ds.
10 NAME OF FATHER	(Signed) M. D.
IL PIDTURIACE	May 12 192 8 (Address) Obliand Ma
1 0) 2	*State the liscase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
OF FATHER (State or country)/ewslermany, Md.	Accidental, Suicidal or Homicidal.
of MOTHER Elizabeth Blacky.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents) At place la the
(State or Country) Sygnitarille Ma	of deathyrsmosds. Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of dea.h?
March. Stortonual.	Former or usual residence
(Informant)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) (Allana, Ma.	Jostonia 7 1 Nov 13, 1920
15 M	TO UNDERTAKER ADDRESS
Filed 1928 Willia Registral	HONAS Jurat trostburgh.
10000	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
The state of the s	/ / 0

REVISED ERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The ques-Spinner, (b) Cotton will; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a laborer, Farm laborer, Laborer -- Coal minc, etc. Wom-en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Paysician, Compositor, Architect, tion applies to each and every person, irrespective of whatever, write None. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, especially in industrial employments, it is neces-For many occupations a single word or term on yrs). For persons who have no occupation without more precise specification as Day Locomotive engineer,

spinal meningitis"); Diphtheria (avoid use of "Croup"); to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," fever (the only definite synonym is "Epidemic cerebro-EASE CAUSING DEATH (the primary affection with respect, Statement of Cause of Death-Name, first, the DIS-

> American Medical Association.) "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. carbolic acid-probably smeide. The n.ture of the injury, or as probably such, if impossible to determine definitely. diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal peritonitis," etc. can be ascertained as the cause. Always qualify all atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; Bronehopneumonia (secondary), (secondary Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature clonus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-(Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainor intercurrent) affection need not be Chronic Example: Measles (disease etc. The contributory valvular heart disease;

data is essential and must be obtained before the certificate is permanently filed. answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all qu stions

V. S. No. 1

2

WRITE PL. LY, WITH UNFADING INKTHIS IS A PERMANEN RECOR	BEvery Item of Information should be carefully supplied ACE should be stated EXACT CIANS should state CAUSE OF DEATH In plain terms so that it may be properly class statement of OCCUPATION is very important. See Instructions on back of certificate.
3	roperi
NE	be si be pi
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A P	t it
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IS	s so
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1000	

PLACE OF DEATH County South 05446	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2
Village or City Shautsville (No	St.: Ward) (If death eccurred in a hospital er institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Helmale It but Single, Michael Stellmale It but OR DIVORCED (Write the word)	16 DATE OF DEATH May (C, 192 8 (Year)
6 DATE OF BIRTH Mar. 19, 185-9 (Month) (Day) (Year)	that I last saw here alive on May 16 , 192 S.
7 AGE Of yrs. One mos. 2 7 ds. or min.)	and that death occured on the date stated above, at 10,000cm. The CAUSE OF DEATH * was as follows:
6 OCCUPATION (a) Trade, profession or particular kind of work facusewall (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory (Duration) yrs mos 10 ds. Contributory (Duration) yrs mos 10 ds. Contributory (Duration) yrs mos ds.
10 NAME OF FATHER Jacob Duret 11 BIRTHPLACE OF FATHER (State or country)	(Signed) May (7 1928 (Address) De nantaville
(State or country) 12 MAIDEN NAME OF MOTHER Significant Guigle 13 BIRTHPLACE OF MOTHER (State or country) Md	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transienta or Recent Residents) At place of death yrs mos ds. Where was disease contracted,
(Info:mant) (Address) yrantsull Mil	if not at place of death? Former or usual residence
Filed May 18 1928 6 74 Dill Registras	Wind Ductibus Grantsville

(Approved by U. S. Census and American Public Health Association.)

laborer, tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from er," etc., should be used only when needed. As examples : (a) sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. gaged in domestic service for wages, as Servant, ('ook; Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully emworked on may form part of the second statement. Never return 'Laborer,'" 'Foreman," 'Nanager," 'Deal-Spinner, (b) Cotton mill; (a) Solesman. (b) additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, cupation is very important, so that the relative health Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, Foreman, For many occupations a single word or term on Farm laborer, Loborer-Coal mine, etc. Womwithout more precise specification as Day who are engaged in the duties of the (b) Automobile factory. The mitterial The ques-(h.m.m.h.)

Statement of Cause of Death—Name, first, the DIS-FASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cefebros pinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); usbar pneumonia, Bronchopneumonia ("Pneumonia");

> "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease approved by telunus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., separa, carbolic acid-probably succide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. can be ascertained as the cause. Always qualify all "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing (secondary or intercurrent) affection need not be use of "Tumor" for malignant neoplasms); inges, perilonaeum, etc., Carcinoma, Sarcoma., etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-(Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train Whooping American Medical Association.) cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions," FOR VIOLENT DEATHS STATE MEANS OF INJURY death), 29 ds.; Bronchopneumonia (secondary), interstitial nephritis, resulting from childbirth or miscarriage cough; Committee on Chronic valvular heart etc. Nomenclature of the The contributory Measles ; disease;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.



	1 PI	LACE OF DEATH (Dist. No) (To be inserted by Registrar.)	West Warning State Department of Health BURBAU OF VITAL STATISTICS
	Dist	inty Garrett (14242)	STANDARD CERTIFICATE OF DEATH Registered No.
		on or City Kitzmiller No. 3t	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3 SEX	Male Nuite (Hinte the word)	16 DATE OF DEATH WILL S (Month) (Day) (Year)
	6 DAT	(Month) (Davs) 1925 (Year) IF LESS than 1 day	that I last saw how. alive on World alive, 191. and that death occurred, on the date stated above, at hom.
		CUPATION mos. ds. or min.?	The CAUSE OF DEATH* was as follows:
	(b) G	rade, profession, or USUL ular kind of work energy at the control of industry, eas, or establishment in employed (or employer)	
		THPLACE for country farrest 6 200	Contributory Promoture delth (SECONDARY)
	S	11 BIRTHPLACE	(Signed) (Signed) (Address) Full Sweller La
	ARENT	OF FATHER (State or country) Saratt CoMB 12 MAIDEN NAME OF MOTHER State of State or country	NOTE: State the DISEAGE CAUGIN DEATH. In deaths from VIOLENT CAUSES, State MEANS OF INJURY; and whether ACCIDENTAL SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANS- IENTS, OR RECENT RESIDENT)
rincate.		13 BIRTHPLACE OF MOTHER (State or country) Pekin M. A.	At place of deathyremosds. Where was disease contracted,
ACE OF CO.	OUT.	rmant) A STRUE TO THE BEST OF MY KNOWLEDGE	Former or usual reeldence.
110		(Address) KA 93 AA	betymele de purial or removal date of Burial 1912
	Flied.	4/8 , 191 8 A & Barriel	Hook Storks Letynilly

Revised United States Standard Certificate of Death

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e.g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary Ivenuan, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material worked on may form part of the second statement. Never return "Laborer, "Foreman," "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Housework, or At home, and children, not gainfully employed, as At school or At home. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as Servant, Cook, Housemail, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: Farmer (retired, 6 yrs.). For persons who have no occupation whatever, write None.

"Exhaustion," "Heart failure," "Hemorrhage," "Inantion," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as "PUERPERAL septicemia," "PUERPERAL peritoritis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull. and consequences (e. g., sepsis, telanus) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association.)

MAY S 1928
NAY S 1928

7	1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
YSI	PLACE OF DEATH 0654	
HA	County	CERTIFICATE OF DEATH
FE.		Registration Dist. No. /
RD ACT ass	Village or City H NO. No.	St.: Ward) (If death occurred in a hospital or institu-
d-EXA	2FULL NAME Acrim Oos	stead of street and number.)
rope	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Les be p	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED	16 DATE OF DEATH UND 20, 192 8
NA puld	6 DATE OF BIRTH	(Month) (Day) (Year)
Ehe it r	Wely 23 18/3	Upril 5 1928. to May 19 , 1928,
A CE hat	(Month) (Day) (Year)	that I last saw h Walive on May 31", 1928,
IS . A so t	7 AGE	and that death occurred on the date stated above, at
HIS iiod	yrs. 10 mos. 29ds. or min.?	The CAUSE OF DEATH * was as follows:
uppi tern tern ee ir	8 OCCUPATION (a) Trade, profession or	Oardio nephritu
N w c w	particular kind of work House Wife	/
I Par	(b) General nature of industry business, or establishment in	(Duration) yrs. mos. ds.
Caref Caref TH in	which employed or (employer)	Contributory
A Pe	(State or country) Ohhite Co Md	Secondary La (Duration) yte mosde.
N PO	TO NAME OF THE FATHER	(Signed) H. W. M. D. M. D.
H L	11 BIRTHPLACE	June 21 192 8 (Address) Oukland Mas
WITI ion sl AUSE	OF FATHER (State or country) and GO, ba	*State the l'iscase Causing Death, or, in teaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
mat PAT	of Martine Mark	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
Z og n	18 BIRTHPLACE OF MOTHER	ients or Recent Residents) At place
d s occ	(Haragequetex) Lace / 1	of death yrs
E P ould	14 THE ABOVE S TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
RITE item sho	(Informant) A.C. I obje	9 PLACE OF BURIAL OR BEMOVAL DATE OF BURIAL
WR Every it CIANS statem	(Address) FILAND	Callerd Md June 22 10 20
Eve Civ	15 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	20 UN DERTAKER APDRESS
()pi	Filedine 192 Auta owen	mong Jolden 14/ LAND
3	If more blanks are needed, addre.s tate Kegistrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

No. 1 σĎ

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from g: ged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed er," etc., without inviver-Coal mine, etc. laborer, Farm laborer, Laborer—Coal mine, etc. Spinner, (b) Colton mill; (a) Salesman, (b) Grocery.

(a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The queseupation is very important, so that the relative health-Statement of Oecupation-Precise statement of oewhatever, write None. business, that fact may be indicated thus; Farmer (reployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many tle first line will be sufficient, e. g., Farmer or Planter, or given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons en-For many occupations a single word or term on know (a) the kind of work and also (b) the yrs). For persons who have no occupation without more precise specification as Day

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal maningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhcid Pneumonia"); Lobar "picumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important. Example: Measles (disease telanus) may be stated under the head of "eontributory." accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Inanition, eausing death), 29 ds.; Bronchopncumonia (secondary), inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) approved (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was underean be ascertained as the eause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY resulting from childbirth or misearriage as by Committee on Nomenclature of the cough; " "Marasinus, Chronic " " Old Age, etc. The contributory valvular heart disease; "Shock,"

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

TOTAL OF A S

1PLACE OF DEATH	10000 CTATE OF MADVI AND
PLACE OF DEATH	STATE OF MARYLAND
County Garrill	CERTIFICATE OF DEATH
PDD	Registration Dist, No.
Village or City toek full (No.	St.: Ward) (If death occurred in a hospital or institution, give its NAME in-
2FULL NAME Learge W.	terling stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SCINGLE, MARRIED, WIDOWED. OR DIVORCED	16 DATE OF DEATH SEPT. 1928.
Mall (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	Jeff
(Month) (Day) (Year)	that I last saw h Malive on Alfred, 192. 4;
7 AGE If LESS than	and that death occurred on the date stated above, atm,
5-6 yrs. 8 mos. 5 ds. or min.?	The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or B. O. C. Legent particular kind of work	Larcinoma of stomals.
(b) General nature of industry	// × .
business, or establishment in which employed or (employer)	(Durgtion) vis. () mos. ds.
9 BIRTHPLACE (State or country) Manyl oud	Contributory Secondary (Duration)ds,
10 NAME OF Police & Sterling	(Signed) M. D.
0 11 BIRTHPLACE	1921. (Address) Walletter Miles
OF FATHER (State or eountry) 12 MAIDEN NAME OF FATHER (State or eountry)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Glyabell pirles	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE OF MOTHER (State or Country) 13 BIRTHPLACE OF MOTHER	At place of deathyrsmosds. In the Stateyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
M. March Holing	Former or usual residence
(Address) Blele Legge MA	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL
15 192 Julia Howar Registral	20 UNDERTAKER Bolden Carlond M
The Car	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.
If more planes are needed, addies a trate Negistra	V

(Approved by U. S. Census and American Public Health Association.)

Spinner, whatever, write Nonc. tired 6 yrs). en at home, who are engaged in the duties of the laborer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from er," etc., should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, the first line will be sufficient, e. g., Farmer or Planter, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a (a) Foreman, Physician, Compositor, or given up on account of the DISEASE CAUSING DEATH. Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons en-For many occupations a single word or term on or At Home, and children, Farm laborer, Laborer-Coal mine, etc. Womman, (b) Automobile factory. The material without more precise specification as Day Stationary fireman, etc. But in many For persons who have no occupation Architect, Locomolive engineer, not gainfully em-

Strtement of Cause of Death—Name, first, the Distance CAUSING DEATH (the primary affection with respect to time and causation), using always the same acceptied term for the same disease. Examples: Cerebrospinal ferm (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Löbar pneumonia, Bronchopneumonia ("Pneumonia,")

stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Ilaemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, menor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (mcrely symptom-Whooping cough; as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-(secondary American Medical Association.) approved by Committee on Nomenclature (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS state MEANS OF INJULY "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is less definite; avoid or intercurrent) affection Chronic Carcinoma, Sarcoma, valvular heart disease; etc. The contributory need not be etc., of

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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1	PLACE	OF	DEATH
		٠.	



STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No. 46.9
Village or City Seventors (No	St.; Ward) [If death occurred to a hospitel er institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
recete COLOR OR RACE SINGLE MARRIED, WIDOWED OR DIVORCED OR DIVORCED (Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	6-2-1988 to 6-5-1988
7 AGE (Month) (Day) (Year) (Year) 1 LESS than 1 day, hrs. OR min.?	that I last saw how alive on 6-4-192 and that death occurred on the date stated above, at 80 m. The CAUSE OF DEATH * was as follows:
particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)	(Durellon) yrs. mes. 2 63. Contributory Secondary
10 NAME OF FAMPER SUPERING DOCA	(Signed) Educard Education) Pro mos os o
12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) Successful Ma	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL. SUICIOAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the state of death yrs
(loformant) Superanten Sund	Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Aédress)	George Cem Swanton June 6. 1028

REGISTRAR

If more blanks are needed, address State Registrat 18 W. Saratoga St., Balto., Requesting V. S. No. 1

|Арргоved by U. S. Сепник and American Public Health Association.|

taken to report specifically the occupations of persons employed, as At school or At home. Care should be "Foreman," "Manager," "Realer etc. without more precise specification as Day laborer, Farm laborer, Laborer business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers -Coal mine, etc. Women at home, who are engaged in mobile foctory. mill; (a) Salesman, (b) Grocery; (a) Foremon, only when needed As examples: (a) Spinner, (b) Collon is provided for the latter statement; it should be used business or industry, and know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. cian, Compositor, Architect, first line will be sufficient, c. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of Occupation-Precise statement of occupathe second statement. Never return "Laborer," Housework, or At Home, and children, not gainfully For persons who have no occupation whatever, The material worked on may form part therefore an additional line Locomotive engineer, But in many cases, If retired from (b) Auto-Tun!

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoul fever (never report "Typhoid pneumonia"); Lobar pneumonia. Bronchopneumonia ("Pneumonia."); Lobar pneumonia. Bronchopneumonia of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." head-homicide; Poisoned by carbolic wind-probably on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, telumus) may be stated Struck by roilway train-accident: Revolver wound of to determine definitely. Examples. Accidental drowning. SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL perdonilis," etc. birth or miscarriage as "PIERPERAL septicharmia," cause. etc., when a definite disease can be ascertained as the nius," "Old Age." "Heart failure," "Hemorrhage," "Inanition," "Maras-mus," "Old Age." "Shook." "Ura mia." "Weakness." genital," "Senile," etc.), "Dropsy." "Anaemia" (merely symptomatic), symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease cousing death), 29 ds.; Bronrent) affection need not be stated unless important. nephrilis, etc. cough; Chronic vulnular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Wheeping (name origin: "Cancer" is less definite; avoid use of ges, perilonoeum, etc., Carcinoma, Sarcoma, etc., of Always quality all diseases resulting from child-The nature of the injury, as fracture of skull "Contain Convulsions," Debility" ("Con-The contributory (secondary or intercur-State cause for which Never report mere (Recommendations "Atrophy," "Exhaustion," ACCIDENTAL,

if this certificate is looked over thoroughly and all questions mixwered in detail, it will prevent further correspondence. All the data is exential and must be obtained before the certificate is permanently filed.



	PLACE OF DEATH
	County Hant
Vill	age or City Bloomin otano.
	2FULL NAME Learna Forin
	PERSONAL AND STATISTICAL PARTICULARS
3 5	Fig. 4 COLOR OR RACE SSINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
6 D	ATE OF BIRTH
	per 10 , 1920
	(Moath) (Day) (Year)
7 A	yrsmosds. ormin.?
P	CCUPATION a) Trade, profession or articular kind of work b) General nature of industry
Ъ	usiness, or establishment in hich employed or (employer)
9 6	(State or country) Pfconion/lava
	10 NAME OF FATHER Grand Tolling
STN	OF FATHER (State or country)
PARENTS	OF MOTHER Millis Ly
	of MOTHER (State or Country)
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
	(Informant) English Terlish
15	Filed Sept-1.1928 allie By ashby Registrar
-	If more banks are needed, addre.s State Registrar,

10001

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.: Ward)

(If death occurred in a hospital or institu-tion, give its NAME la-stead of street and number-)

	-
MEDICAL CERTIFICATE OF DEATH	
16 DATE OF DEATH	
(Month) (Day) (Year).	
17 I HEREBY CERTIFY, That I attended the deceased from 192 to 192 to 192 that I last saw h 23 alive on 192	m.
	9
and that death occurred on the date stated above, at	m
The CAUSE OF DEATH * was as follows:	
- A San	
fleoalitis	

11-	
(Duration) yrsmos.	ds.
Contributory Secondary	-
Duration) yrs mos	,
(Signed) M. M.	CI S
(Signed) M.	D
Seffel 1929 (Address) Whohington	
*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.	
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tra	ne
ients or Recent Residents)	
At place in the State yrsmos. State yrsmos	,de
Where was disease contracted, f not at place of dea.h?	
Former or usual residence	
DATE OF BURIAL OR REMOVALA DATE OF BURIAL	
DATE OF BURIAL OR REMOVAL DATE OF BURIAL	8
he handestiles been been & the	8

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from work, or Al Hame, and children, not gainfully employed, as Al school, or Al home. Care should be taken laborer, Furm laborer, Laborer-Coal minc, etc. Wom-en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Spinner, (b) Catton mill; (a) Salesman. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housemuid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Foreman, (b) Automobile factory. The material for many occupations a single word or term on first line will be sufficient, e.g., Farmer or Planter, For persons who have no occupation Stationary fireman, etc. But in many Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE (**VUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL pertionitis," etc. stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," ("Inanition," "Marasmus," "Old Age," "Shock," atic), "Atrophy," "Collapse," "Coma," "Convulsions, causing death), 29 ds.; Bronchopneumonia (secondary) use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. For violent deaths state means of injuly can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Whooping cough; unqualified, is indefinite); Tuberculosis af lungs, menperitonaeum, etc., Carcinoma, Sarcomu, etc., of Never report mere symptoms or terminal condiinterstitial nephritis, or intercurrent) affection need not be Chronic valvular heart disease etc. The contributory

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V. S. No. 1

PLACE OF DEATH	6885 STATE OF MARYLAND
County Gasrett	CERTIFICATE OF DEATH Registration Dist. No. / 6
Village or City Cakland (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
female White Single, MARRIED, Single, OR DIVORCED (Write the word)	16 DATE OF DEATH August 12", 1928 (Month) (Day) (Year)
May 19, 1924 (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the deceased from august 1 1928. to august 1 1928, that I last saw h exalive on august 1 1928,
7 AGE If LESS than I day hrs. Age I day hr	The CAUSE OF DEATH * was as follows:
10 NAME OF FATHER Clebhons Jasker 11 BIRTHPLACE OF FATHER Z (State or country) Md. 12 Jasker	(Signed) 13 (Address) M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country) Md.	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant) alphones Tasker	Former or usual residence
(Address) Lely Park md. 15 Owner 13 192 Whia Rower Registras	20 UNDERTAKER CONTROL BOLDESS CONTROL BOLDESS CALLER CALLER ADDRESS CALLER CALLER APPRESS CALLER CALLER CALLER CA

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Houselabarer, Farm labarer, Laborer—Coal mine, etc. Wom-en at home, who are engaged in the duties of the shousehold only (not paid Housekeepers who receive a work, or At Hame, and children, not gainfully employed, as At school, or At home. Care should be taken whatever, write Nane. tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when necded. As examples: (a) gaged in domestic service for wages, as Servant, Caok, to report specifically the occupations of persons ensary to know (a) the kind of work and also (b) the business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Hausemaid, etc. If the occupation has been changed worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Catton mill; (a) Salesman, (b) Grocery; (a) Fareman, (b) Autamobile factory. The material additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Physician, Campasitor, Architect, Locamative engineer, first line will be sufficient, e. g., Farmer ar Planter, For many occupations a single word or term on For persons who have no occupation

Statement of Cause of Death—Name, first, the DIS-CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphul ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid ferer (never report "Typhoid Pneumonia"); Labar pneumonia, Branchapneumonia ("Pneumonia,")

> tetanus) may be stated under the head of "contributory." "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Fropsy, "Exhaustion," "Heart failure," "Haemorrhage, diseases resulting from childbirth or miscarriage as "PUERPERAL septicacmia," "PUERPERAL peritanitis," etc. stated unless important. Example: Measles (disease approved by Committee on Nomenclature of the as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drawning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchapneumonia (secondary) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles inges, perilonaeum, etc., unqualified, is indefinite); Tuberculosis af lungs, men-American Medical Association.) (Recommendations on statement of cause of death (secondary Whooping cough; (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be Chranic Carcinoma, Sarcoma, etc., of etc. The contributory valvular heart disease

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

B. Every item of information should be carefully supplied ACE should be stated EXACTLY, PHYSI-class should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD LY, WITH UNFADING INK---THIS IS A PERMANENT BINDING FOR MARGIN RESERVED WRITE PL N. No. 1

	PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
	County Sarrell U5447	Registration Dist. No.
	Village or City Oakland Md (No. 2FULL NAME Path Edna Technology	St.: Ward) (If death occurred in a hospital or institution, give ite NAME instead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Jemale White Stingle, Manuel Willowed OR DIVORCED (Write the word)	16 DATE OF DEATH 7 2 , 192 (Mongh) (Day) (Year)
	(Moath) (Day) (Year	that I last sow he malive on Many 1.2 1928,
nan in an	7 AGE 30 yrs. 4 mos. 5 ds. or min.?	The CAUSE OF DEATH * was as follows:
tant. see	a OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs do.
redm: /	9 BIRTHPLACE (State or country) Lexington Phio Perry Co.	Contributory Secondary (Duretion) yrs mos. ds.
8	FATHER Sea Butt	(Signed) M. D. (Address) M. D.
202	of FATHER (State or country) Shawnee This.	*State the Disease Causing Death, or, la deeths flom Violent Caus. s, atate (1) Means of Injury and (2) whather Accidental, Suicidal or Homicidal.
Y Y	of Mother Susan Parick	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
statement of occu	OF MOTHER (State or country) New Ledengton Thio	At place of death yrs mos. ds, ln the State yrs ds.
	14 THE ABOVE IS TRUE TO THE DEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) O.B. IENEL (Address) 63 Wilson & Oakland Md.	19 PLACE OF BURIAL OF REMOVAL DATE OF BURIAL & May 15, 1978
9	15 July 13 1928 Julia Kowan Rogistras	Mouf Bolden OH HAND
	If more blanks are needed, address State Registrar	, 16 W. Saratoge St., Balto., Requesting V. S. No. 12

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning cfillness. If retired from er," etc., without more precise specification as Day loborer Farm loborer, Laborer—Coul mine, etc. Womshould be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Solesmon, (b) Groccy; additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quessary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neceswhatever, write None. business, that fact may be indicated thus; Former (reor given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Scrvant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return 'Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the business or industry, and therefore an Civil engineer. Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, a. g.. Farmer or Planter, eupation is very important, so that the relative health Statement of Occupation-Precise statement of oereport specifically the occupations of persons en-Foreman, For many occupations a single word or term on For persons who have no occupation (b) Automobile factory. The But in many material Grocery;

spinal meningitis"); Diphtheria (avoid use of "Croup"); "yphoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebroed term for the same disease. Examples: Cerebrospinal EASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accept-Statement of Cause of Death-Name, first, the DIS-..obar pneumoniu, Bronchopneumonia ("Pneumonia,", permanent perman

as fracture of skull, and consequences (e.g., sensis, telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanitien," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomapproved (Recommendations on statement of cause of curbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease eausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. (secondary or intercurrent) affection need not be Whooping cough; Chronic valvular heart Chronic interstitial nephritis, etc. The con (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); Measles; inges, perdonaeum, etc., Corcinoma, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, by Committee on Nomenclature of the Example: Measles (disease etc. The contributory Sorcoma,, etc., of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A ithe data is essential and must be obtained before the certificate is permanently filed.

8	THIS IS A PERMANEN RECORD	biled ACE should be stated EXACTLY, PHYSI- ms so that it may be properly classified. Exact
DNG	AANEN	d be state y be prop
D FOR BINDING	PERA	should t it ma
FOR	S IS A	d ACE so tha
0	H	ns

PLACE	OF	DEATH
County	1a	rett

13436

STATE OF MARYLAND CERTIFICATE OF DEATH

	1/ /-	Registration Dist. No.
Vi	llage or City Kerrytow (No	St.: Ward) (If death occurred in a hospital or institution, give Its NAME instend of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3	J white Single, Suigle Widower. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6	DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
	Dec 11 1978	Dec 11 1928 to Dec 11 , 1928.
	(Month) (Day) (Year)	that I last saw halive on, 192
7	AGE	and that death occurred on the date stated above, at
	1 day <u>o</u> hrs.	The CAUSE OF DEATH * was as follows:
	0 yrs. 0 mos. 0 ds. or 0 min.?	
8	(a) Trade, profession or	Still Born.
1	particular kind of work / UC	
4 .	(b) General nature of industry business, or establishment in	
	which employed or (employer)	(Duration) yrs, mas, de,
9	(State or country) Kenystan md	Contributory Secondary (Duretion) via mos de
	10 NAME OF GEORGE Marshal Thomas	(Signed) M. J. Wiles M. D.
S	11 BIRTHPLACE	DEC12 2 19228 (Address) Kemplon
RENT	OF FATHER (State or country) 12 MAIDEN NAME 12	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
AF	OF MOTHER Ila Jane Thomas	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
"	13 BIRTHPLACE	ients or Recent Residents) At place In the
	OF MOTHER (State or country)	of death yisds. Stateyisds,
14	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	21 a.P.l	Former or
	(Informant) It, & Velley M.D.	usual residence
	(Address) Kunhton WVa	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
-	(Address)	Compton Cemetery NEC 2,1928.
15	Filed Dec 12 1928 Inginia M. Harvey	20 UNDERTAKER acting Appress
	Registra	Vamos Hariredo Memoton III

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

No. 1

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(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Plumler, tion applies to each and every person, irrespective of age. For many occupations a single word or term on cupation is very important, so that the relative health. Statement of Occupation-Precise statement of octwed 6 yrs). or given up on account of the DISEASE CAUSING BEATH. definite salary), may be entered as Housewife, Houseer," ete., without more process. Coal mine, etc. Wom-laborer. Farm laborer, Laborer—Coal mine, etc. Womworked on may form part of the second statement. Spinner, (b) Cotton mill; (a) Salesman. (b) Grocery; (a) Poreman, (b) Automobile factory. The material nature of the business or industry, and therefore an Civil engineer, Physician, Compositor, fulness of various pursuits can be known. gaged in domestic service for wages, as Serunt, Cook, en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager." "Dealwhatever, write None. business, that fact may be indicated thus; Farmer (re-Housenuid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a report specifically the occupations of persons enespecially in industrial employments, it is neces-For persons who have no occupation mpositor, Architect, Locomotive engineer, Stationary freman, etc. But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: (*crehrospinal fever (the only definite synonym is "Epidemic cerebrosisinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lohar pressuonia, Bronchopneumonia ("Pneumonia,"

"Exhaustion," "Marasmus," "Old Age, atic), "Atrophy," "Collapse." "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy," stated unless important. Example: Mensles (disease diseases resulting from childbirth or microriag 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; inges, perilonaeum, etc., Carcinoma, Sarcona, etc., of tclanus) may be stated under the head of "contributory." can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Whooping unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid-probably suicide. The nature of the injury, State cause for which surgical operation was under-Chronic interstitial nephritis, American Medical Association.) approved by Committee on (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., separa accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY cough; "Heart failure," "Haemorrhage, Chronic etc. The valendar heart disease; Nomenclature of the contributory " "Shock," rarriage as death

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A lithe data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH ()654 County Gasset	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City Saughtey MANO. 2FULL NAME Williams Dais	St.: Ward) St.: Ward) A position or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
7 AGE G DATE OF BIRTH (Month) (Day) (Year) If LESS than I day hrs.	that I last saw have alive on May 20 th 1925 and that death occurred on the date stated above, at 6 4 m.
min.? a occupation (a) Trade, profession or particular kind of work	Suflueya
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Duration) yrs. mos. ds. Contributory Secondary
10 NAME OF FATHER Oliver & Thomas	(Signed) (Address) (Address) (Address)
OF FATHER (State or country) West- herginist	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfients or Recent Residents) At place of death
(Informant) Samuel. I. Thomas (Address) Bang Aus	Former or usual residence place of death 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Fargrue Quetty June 4, 1928
Filed June 4- 1928 Jaspes Luard 'Registrar If more blanks are needed, address State Registrar	20 UNDERTAKER ADDRESS ADDRESS

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of oc-Housemaid, etc. household only (not paid Housekeepers who receive a laborer, Foreman, to know (a) the kind of work and also (b) the For many occupations a single word or term on ç yrs). Farm laborer, Laborer-Coal minc, etc. (b) Cotton mill; (a) Salesman, At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The If the occupation has been changed (6) materia Grocery, Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

for authorization to c range have finted one letter from

as fracture of skull, and consequences (e.g., sepsis, tetanus) may be stated under the head of "contributory." "PUERPERAL septicaemia," "PUERPERAL peritonitis, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," stated unless important Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; L. American Medical Association. approved by (Recommendations, on statement of cause of State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all (secondary or intercurrent) Chronic interstitial nephritis, etc. The contributory Whooping use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railwoy train "Atrophy," "Collapse," "Coma," "Convulsions, FOR VIOLENT DEATHS State MEANS OF INJURY cough; Committee on Nomenclature of the Chronic chopneumonia (secondary), affection need valvular heart disease; not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

VEC VEC

	1 PLACE OF DEATH	146	STATE OF M	MARYLAND
	ounty Garrett	LXU	CERTIFICATE	OF DEATH
	ounty with the black of the beautiful to be a second	II-a	Registration	Dist. No.
	Shall and			
Vill	2 FULL NAME Lakes For	don	St.;Ward)	(If death occurred in a hospital or sinstitu- tion, give its NAME in- stead of street and number.)
	PERSONAL AND STATISTICAL PARTICULARS	MEDI	CAL CERTIFICATE	OF DEATH
3 8	Tall Jahrile Single, Married Wildowed OR Divorced (Write the word)	16 DATE OF DEAT	Flbruary (Monty)_	25, 1925 (Day), 1925 (Year)
6 D	ATE OF BIRTH	Feb 18	1928 to F	el 26 1928.
	Fred 9 1832	that I last saw h 4	全./	- 2-6 , 1928,
7 AC	(Month) (Day) (Year)	and that death occu	arred on the date state	ed above, at 2 m.
1 210	If LESS than I dayhrs.		ATH & was as follows:	
	yrs, yrs, ds. or min. ?	Inf	luenza	
	CCUPATION 1) Trade, profession or		······································	
	articular kind of work	*****	4	**************************************
Sp	usiness, or establishment in	••••••	O(Duration)	yrs mos. Ods.
-	hich employed or (employer)	Contributory	browne Brough	al Cutairh
-	(State or country)	Several	The second secon	vrs. mos. de.
	10 NAME OF FATHER	(Signed)	/horBC	rettenden M.D.
S	- Sonol Know	Febr 27 192	8 (Address) 1 City	miller und
ENT	11 BIRTHPLACE OF FATHER (State or country) S D not / duran	*State the l Violent Causes,	Olsease Causing Death state (1) Means of In-	o, or, in deaths from ury; and (2) whether
PAR	OF MOTHER MAS Best		ESIDENCE (For Hosp	oitals, Institutions, Trans-
	13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs.	mosda. In the	eyrsmosda.
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease cont if not at place of death?		
	(Informani) Mary Forston	Former or usual residence,	burrens o anno interpretation at antimateur of comme gravitives.	
	(Address) Shallmar Md	11 11	ular And	Field 29 28
15 F	Tiled Fy 24 1928 a. G. G. Barrick	20 UNDERTAKER) de la	ADDRESS.
	ASCHASITE	uma sh	afters	O Hame you

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

REVISED CERTIFICATE OF DEATH UNITED STATES STANDARD

(Approved by U. S. Census and American Public Health Association.)

worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The quescupation is very important, so that the relative healthployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of work, or At Home, and children, not gainfully emlaborer, Farm laborer, Laborer-Coal mine, etc. Wom-(a) Foreman, (b) Automobile factory. Statement of Occupation-Precise statement of oc-For many occupations a single word or term on without more precise specification as Day The material

Lobar pneumonia, Bronchopneumonia ("Pneumonia");

conditions, such as "Asthenia." train-accident; Revolver around of head-homicide; Examples: Aecidental drowning; Struck by railway as probably such, if impossible to determine definitely. and qualify as accidental, suicidal, or homicidal, or State cause for which surgical operation was under-"PUERPERAL seplicaemic," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weaknes.," etc., when a definite disease rhage," "Inanttion." "Marasmus," "Old Age," "Shock," "Dropsy," "Exhaustion," "Heart failure." "Haemorsymptomatic), "Atrophy," "Collapse," "Coma," "Conary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Measles Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menvulsions," (secondary or intercurrent) affection need not be Whooping cough; FOR VIOLENT DEATHS State MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), Chronic valvular heart discase; "Anaemla" (second-(disease (merely

S Every

V. S. No.

PLACE OF DEATH County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 70
Village or City (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 24 , 1928
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1928 to 4, 1928, that I last saw have alive on Oct 24, 1928,
7 AGE If LESS than I day hrs. or min.?	
B OCCUPATION (a) Trade, profession or particular kind of work	Scale Lymphatic Keirhemis
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Duration) yrs. / mos 7 ds. Contributory Secondary
10 NAME OF Jashua Turner.	(Signed) 1928 (Address) 1924 Address)
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in death from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Jarah G Jarring 13 BIRTHPLACE OF MOTHER (State or country) And to	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence
(Address) Avillore Md	Stanus Cemetery Oct 26", 1928
Filed Oct 26 1929 Leo B Brown Registrar	Whe Wintebery Frantsoils

(Approved by U. S. Census and American Public Health Association.)

tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, laborer, Farm laborer, Laborer—Coal mane, etc. women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an tired 6 yrs). state occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Housewhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid. Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"(Exhaustion," "Heart failure," "Inamition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (name origin; "Cancer" is less definite; avoid diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." can be ascertained as the cause. Always qualify all 10 ds. Never report mere symptoms or terminal condicausing death), 29 ds.; L. (secondary or intercurrent) Chronic interstitial nephritis, Whooping unqualified, is indefinite); Tuberculosis of lungs, menaccident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely State cause for which surgical operation was underapproved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, American Medical Association.) FOR VIOLENT DEATHS state MEANS OF INJURY cough; Committee on Nomenclature Chronic chopneumonia (secondary) etc. affection need valvular heart The contributory disease; not be

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PLACE OF DEATH	STATE OF MARYLAND
County Parsett	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City Oakland (No	St: Ward) (If death occurred i
	a hospital or institt tion, give its NAME in stead of street an
2 FULL NAME Made Ly	number.)
PERSONAL AND STATISTICAL HARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED, WIDOWED. OR-DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
DATE OF BIRTH	17 HEREBY CERTIFY, That I attended the deceased from
May 9 1875	192 100 , 192
(Moath) (Day) (Year)	that I last saw he salive on
AGE If LESS than	
5-3 yrs. 5- mos. 25 ds. or min.	The CAUSE OF DEATH * was as follows:
OCCUPATION OCCUPATION	Change Mesas adeles
(a) Trade, profession or	
particular kind of work (b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrsmosd
BIRTHPLACE	Contributory
(State or country)	(Deration) yre mos d
10 NAME OF	(Signed) MI O Stillebaux MI
FATHER Chao, Jusing	Och 4 1928 (Address Dercan MX
11 BIRTHPLACE OF FATHER	*State the Disease Causing Death, or, in deaths from
(State or country) Whiteoure	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OTHER OF MOTHER OF MOTHER OF MOTHER OTHER OF MOTHER OTHER	is LENGTH OF RESIDENCE (For Hospitals, Institutions, Tran ients or Recent Residents)
13 BIRTHPLACE OF MOTHER	At place In the of death yrs mos ds. State yrs mos mos state
(State or Country) 4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disesse contracted, if not at place of death?
A A A	Former or
ac walled the Tuesday	usual residence
(Informant)///	
(Address) Challed MA	Pakland Pen, Oct. b., 192
(Address) (Addre	Pakland Pens, Oct. 6, 192 20 UNDERTAKER BARDONESS Oakland

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reguged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Physician, Compositor, Architect, Locomotive engineer, Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal feet: (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pleumonia, Bronchopneumonia ("Pneumonia,"

accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonilis," etc. "Exhaustion," "Heart failure," "Ilaemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary) stated unless important. Example: Meusles (disease approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcasles; American Medical Association.) (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train (secondary unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," perilonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid or intercurrent) affection valvular heart disease, etc. The contributory " "Convulsions, need not be etc., of

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S. No. 1

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HYSI-Exact

PLACE OF DEATH 03019 County Start 1. Village or City asher Black (No. 2FULL NAME Strah Josephina	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 6 St.: Ward) (If death occurred in a hospital or Institution, give its NAME instend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale Africe SHNGLE, MARRIED. Married WIDOWED. (Write the word)	16 DATE OF DEATH 3 3 , 192 \$
7 AGE	that I last saw healive on the date above, at the CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs. mas de
(State or country) 10 NAME OF FATHER Howard Stuck 11 BIRTHPLACE OF FATHER (State or country) W (State or country)	(Signed) (Duration) yrs. mos. ds (Signed) 192 (Address) M. D *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Margaret 13 BIRTHPLACE OF MOTHER (State or country) Maryland (State or country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death yrs mos ds State yrs mos ds Where was disease contracted, (Alales of death
(Informant) (Address) (Address) (Address)	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Achiero Glade Cenip 20 UNDERTAKER ADDRESS ADDRESS
Filed Mar 6 1928 Jusper Suaro Registra: If more blanks are needed, address State Registrar	HAM Poclahavest Some Somefield P., 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesadditional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g.. Farmer or Planter, tion applies to each and every person, arrespective of cupation is very important, so that the relative health Statement of Occupation-Precise statement of oc-Spinner, should be used only when needed. As examples: (a) cases, especially in industrial employments, it is necesstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed en at home, who are engaged in the duties of the er," ete., worked on may form part of the second statement. Never return "Laborer," "Forcman," "Manager," "Dealnature of the business or industry, and therefore an or given up on account of the DISEASE CAUSING DEATH. ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a Physician, report specifically the occupations of persons en-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully em-Farm laborer, Laborer-Coal mine, etc. (b) Cotton mill; (a) Salesman, (b) Grocery; eman, (b) Automobile factory. The material without more precise specification as Day Compositor, Architect, Locomotive engineer,

business, that ractivel 6 yrs). For persons who make three 6 yrs). For persons who make the Distribute Name.

Statement of Cause of Death—Name, first, the Distribute of the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation with respect to time and causation), using always the same accepted to time and causation with respect to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation), using always the same accepted to time and causation with respect to time accepted to time and causation with respect to time accepted to time and causation with respect to

stated unless important. Example: Measles (disease "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock," 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anaemia" (merely symptominges, peritonaeum, etc., Carcinoma, Sarcona, etc., of (name origin; "Cancer" is less definite; avoid "PUERPERAL septicuemia," "PUERPERAL peritonitis, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be use of "Tumor" lelanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railrouy troin or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS STATE MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease Chronic interstitial nephritis, unqualified; is indefinite); Tuberculosis of lungs, menapproved by Committee on (Recommendations on statement of cause of American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, cough; for malignant neoplasms); Meusles; Chronic etc. valeular heart discuse; Nomenclature of the The contributory

If this certificate is looked over thoroughly and all questions enswered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Vil	lage or City Bulsville mg (No
	2 FULL NAME Helburn, Clevel
	PERSONAL AND STATISTICAL PARTICULARS
	Mall While Single, widowed, OR DIVORCED (Write the word)
6 1	DATE OF BIRTH Juny 28th, 1928
7 /	(Moath) (Day) (Year) AGE If LESS than I day of hrs.
() ()	yrs
0 b () b ()	DECCUPATION a) Trade, profession or leyfaut varicular kind of work b) General nature of industry vusiness, or establishment in vhich employed or (employer)
0 p p p p p p p p p p p p p p p p p p p	Trade, profession or particular kind of work b) General nature of industry pusiness, or establishment in which employed or (employer) BIRTHPLACE (State or country) TO NAME OF
STN STN	Trade, profession or articular kind of work particular kind of work possible of the profession of articular kind of work possible of the profession of the p
9 E E	Trade, profession or articular kind of work b) General nature of industry usiness, or establishment in which employed or (employer) BIRTHPLACE (State or country) 10 NAME OF FATHER Dear Uphale 11 BIRTHPLACE
PARENTS 6 000 000	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF TABLESTORY 13 Trade, profession or aleyant Service of work Service of work Service of industry Service of industry Service of industry Service of industry Service of country Service of the service of t

ST	ATE	OF	MA	RY	LA	ND
CEF	RTIFIC	CAT	EC	OF !	DE	ATH
					1	101

	CERTIFICATE OF DEATH
	Registration Dist. No. 1607
Sundaville and (No	Ch. Wand) (If denth occurred in
NAME Milburn, Clevil	St.: Ward) (If denth occurred in a hospital or institution, give its NAME instead of street and number.)
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH July /6 4 , 1928 (Month) (Day) (Year)
(Moath) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the degeased from June 3011 1928, to July 15 11 , 1928, that I last saw hourslive on July 15 11, 1928,
(If LESS than	and that death occurred on the date stated above, at 6 Am.
I day & hrs.	The CAUSE OF DEATH * was as follows:
yrs. mos. / ds. or min.?	ecteries
ession or leyfaut	
or (employer)	(Duration) yrs. mos /5 ds.
(y) Mary lavel	Secondary Start wife with
Oscar Wehold	(Signed) (Durstion) yrs mos D.ds,
E manyland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether
Ar Matha Ukhold	Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
many many and	ients or Recent Residents) At place In the Stateyrs
TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, of place of dease if not at place of death?
Morrow Wholed	Former or usual residence Usual Residence
e) Friendsville Mrd.	Date of Burial OR REMOVAL DATE OF BURIAL
1 17-1928 Jasper Guard'	20 UNDERTAKER ADDRESS ADDRESS
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) Salesman. should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. household only (not paid Housekeepers who receive a er," etc., Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. nature of the husiness or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on especially in industrial employments, it is neces-Farm laborer, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The n ture of the injury accident; Revolver wound of head-homicide; Poisoned by diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a dcfinite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Shock," tions, such as "Asthenia," "Anacmia" (merely symptomcausing death), 29 ds.; ... stated unless important Example: Measles (disease use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-(secondary "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Never report mere symptoms or terminal condiinterstitial nephritis, (name origin; "Cancer" is lcss definite; avoid cough; or intercurrent) affection need not be Chronic Carcinoma, Sarcoma, etc., of chopneumonia (secondary), etc. valvular heart discase; Nomenclature The contributory Measles

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

II

8 A 13

PLACE OF DEATH	STATE OF MARYLAND
County Handle	CERTIFICATE OF DEATH
1	16.1
N	Registration Dist. No. 101
Village or City Crasusville (No	St.: Ward) (If death occurred in a hospital or institu-
2FULL NAME Fred Earl 9	Tarket tion, give its NAME is stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, SINGLE	16 DATE OF DEATH
Male Whole OR DIVORGED	, 192.
(Write the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended the deceased from
Dec 20 192/	no Granting Ind., 192.
(Month) (Day) (Year)	that I last saw halive on, 192,
7 AGE [If LESS than	and that death occurred on the date stated above, at
l dayhrs.	
yrs. mos. 18 ds. or min.?	anknown.
(a) Trade, profession or particular kind of work	-
(b) General nature of industry	
business, or establishment in which employed or (employer)	(Duration)yrsmosds.
	Contributory
9 BIRTHPLACE (State or country) Janet Lo Mil	Secondary (Duration) yrs mos ds,
10 NAME OF Servis Naudickel	(Signed) Vot Marion M. D.
11 BIRTHPLACE	1928 (Address) J. Translandle
14	
Z (State or country)	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME CONTROL Kelly	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE	ients or Recent Residents)
OF MOTHER MA	At place of death yrs mos. ds. ln the State yrs ds.
(State or country)	Where was disease contracted, if not at place of death?
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Alto Venneghec	usual residence
(mondan)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Foundame	13hommes row pm 10, 1928
15 Filed Jaw 9 = 1975 Jasper Luard	20 UNDERTAKER ADDRESS
Filed 1928 War Registrar	1676 Acciones to enclose
	16 W Santon St. Balto Persuasting V S No. 1
// II more planks are needed, address State Registral	r, 16 W. Saratoga St., Balto, Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

laborer, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative healthwhatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the tion applies to each and every fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). Farm laborer, (b) Cotton mill; (a) Salesman, (b) Grocery.

zman, (b) Automobile factory. The materia without more precise specification as Day For persons who have no occupation Laborer-Coal mine, etc. person, irrespective of Grocery;

Statement of Cause of Death—Name, first, the DIS.

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopncumonia ("Pneumonia,")

as fracture of skull, and consequences (e.g., sepses, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease American Medical Association.) approved by telanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, atic), "Atrophy," "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaenia" (merely symptomcausing death), 29 ds.; L. stated unless important Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. (secondary (Recommendations on statement of cause of death Whooping perilonaeum, etc., Carcinoma, Sarcoma, etc., of ... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condicough; or intercurrent) affection need Committee on Nomenclature Chronic Example: Measles (disease chopneumonia (secondary), valvular heart disease; etc. The Always qualify all contributory not be of the

QVeraga Cpermanently filed. answered for detail, it will prevent further correspondence. All the data is described and must be obtained before the certificate in If this certificate is looked over thoroughly and all questions

V. 8.

MARGIN RESE in plai carefully should I Every item of inform CIANS should state statement of OCCUP

See instructions on back of certificate.

very important.

PARENTS

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SZ.	K-THIS IS A PERMANEN RECORD	supplied. ACE should be stated EXACTLY, PHYSI- terms so that it may be properly classified. Exact
RVED FOR BINDING	A PERMA	ACE should that it may
RVED FC	THIS IS	supplied.

PLACE OF DEATH	11
County Garrell	1 1
illage or City Heary (No	1
Garage	les
2FULL NAME JUVACE	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
PERSONAL AND STATISTICAL PARTICULARS	
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16
DATE OF BIRTH	1
30/- 27 . 1928	
(Month) (Day) (Year)	th-
AGE If LESS that I day O hr or 0 min or 0 min	s. Ti
occupation (a) Trade, profession or still born particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	
(State or country) Carrice Jusickel	
10 NAME OF Clarence bannelile	(S
OF FATHER (State or country) Sarrett & July	
of MOTHER Catherine fruebaugh	18
13 BIRTHPLACE OF MOTHER (State or country) Salvell to The	At of W
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if Fo
(Informant) Characte / suseckel	us

(If death occurred in a hospital or institu-tion, give its NAME in-stead of street and Ward) number.) MEDICAL CERTIFICATE OF DEATH (Month) I HEREBY CERTIFY, That I attended the deceased from d that death occurred on the date stated above, at ... e CAUSE OF DEATH was as follows: Contributory Secondary (Address) *State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) In the State. here was disease contracted, not at place of death? mer or

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.

(Approved by U. S. Census 2nd American Public Health Association.)

business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from whatever, write Nonc. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer—Coal minc, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it Civil engineer, Stationary fireman, etc. But in many fulness of various pursuits can be known. Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons endefinite salary), may be entered as Housewife, Houseer," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). (b) Cotton mill; (a) Salesman, without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (6) The ques-Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease telanus) may be stated under the head of "contributory." American Medical Association.) approved by Committee on Nomenclature as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The n ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. stated unless important (secondary or intercurrent) affection need not Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Mcasles; unqualified, is indefinite); Tuberculosis of lungs, meninges, perilonacum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Example: Measles (disease chopneumonia (secondary), valvular heart disease; etc. The contributory

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PLACE, OF DEATH

3 SEX

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist.

 	S	t.	:	_	-	

(If death occurred in itu-II and

2FULL NAME

PERSONAL AND STATISTICAL

4 COLOR OR RACE

ausiekly	Sta Waru)	a hospital or institu- tion, give its NAME II - steed of street and number.)
PARTICULARS	MEDICAL CERTIFICATE C	OF DEATH
RIED, Still bosses OWED, Still bosses OIVORCED the word)	***************************************	(Day) (Year)
	17 I HEREBY CERTIFY, That I atte	
184 . 1928	agust 914 1928 to Oug	
(Day) (Year)	that I last saw her alive on Stell to	m ay 9 1 1928
[If LESS than	and thet death occurred on the date stated	above, atm.
I day hrs.	The CAUSE OF DEATH * was as follows:	
ds. or min.?	Grematier Birth	U -
	7 1/2 month	
	\	10 a o, a soco co
1		
A	Contributory Fall from	autoustile
	(Durstion)	
Vanseekle	(Signed) 10, Medro aux 9th 1928 (Address) Frice	
	1928 (Address)	
	*State the Disease Causing Death, Violent Causes, state (1) Means of Inj Accidental, Suicidal or Homicidal.	or, in deaths from jury and (2) Whether
es Franty	18 LENGTH OF RESIDENCE (For Hospit	als, Institutions, Trans-
	At plece In the	
ud	of deethyrsmosds. State Where was disease contracted,	eyrsmosds,
KNOWLEDGE	if not at place of deeth?	,,,,,,,
sickle:	Former or usual residence	
nd RFD#1	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
	It de Cemelery	Un 10. 1928
rev Luaros	20 UNDERTAKER	ADDRESS

MAR WID 6 DATE OF BIRTH 7 AGE mos. (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF 11 BIRTHPLACE PARENTS OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE 20 UNDERTAKER If more blanks are needed, address State Registrar, 16 W. Saratoga St., Belto., Requesting V. S. No. 1.

WRITE

(Approved by U. S. Census and American Public Health Association.)

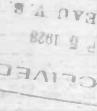
er," etc., tired 6 yrs). business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it fulness of various pursuits can be known. The queswhatever, write None. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. Foreman, For many occupations a single word or term on Farm laborer, (b) Cotton mill; (a) Salcsman, without more precise specification as Day Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. Wom-Locomotive (b) Grocery; engineer,

s; inal meningitis"); Diphtheria (avoid use of "Croup"); ed term for the same disease. Examples: Cerebrospinal Typhoid fever (never report "Typhoid Pneumonia"); fever (the only definite synonym is "Epidemic cerebroto time and causation), using always the same accept-EASE CAUSING DEATH (the primary affection with respect Statement of Cause of Death-Name, first, the DISpneumonia, Bronchopneumonia ("Pneumonia,

> telanus) may be stated under the head of "contributory." carbolic acid-probably suicide. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL OF HOMICIDAL, State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stited unless important Example: Measles (disease approved by (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway traintaken. FOR VIOLENT DEATHS State MEANS OF INJURY diseases resulting from childbirth or miscarriage as "Exhaustion, "Debility" ("Congenital," tions, such as "Asthonia," "Anaemia" (merely symptomcausing death), 29 ds.; L. (secondary or intercurrent) affection need use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencan be ascertained as the cause. Chronic interstitial nephritis, American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; 99 Committee ngenital," "Senile," etc.), "Dropsy," "Heart failure," "Haemorrhage," Chronic on Nomenclature chopneumonia (secondary), The n .ture of the injury, etc. The contributory valvular heart disease; Always qualify all not be of the

data is essential and answered in detail, it will prevent further correspondence. If this certificate is looked over thoroughly and all questions must be obtained before the certificate is

permanently filed.



4			11 1 1 1 1				
PLACE OF	DEATH		115 6 2 0		STATE	OF MARYLAI	VD.
County Ja	well					CATE OF DEA	-
	0 -			(3)		ration Disk No. 16	
Village or City	Grantente	ano.	May 200 - 20	-		Wand) (If death	occurr
2FULL N	AME Heur	y I	all	?)		a hospit d tion, give it stead of number.)	. NAM
PERSONAL	AND STATISTICAL	PARTICUL	ARS	ME	DICAL CERTIFIC	CATE OF DEATH	
3 SEX 4 C	A hite OR	RRIED, DOWED.	ingle	16 DATE OF DE	TH Buel	14	192_
6 DATE OF BIRTH	MUCO W	rite the word)		17 I HER		h)(Day)	(Yes
O DATE OF BIRTH	Fiel	114	1885	Tuck	14 192 8. to	at I attended the dec	, 19
000 =0.00	(Month)	(Day)	(Year)	that I last saw h	un alive on	tellform	بر, 19
7 AGE	Aftiffly				ccurred on the date	stated above, at X	00
***********	yrs. mos.		or inin.?	Of I	THE WAS A TOIL	ows:	
(a) Trade, profession particular kind of	work /C/C			**************************************	*******************************		
	of industry	/		Contributory Secondary	(Duration	yrs. mo	8
particular kind of (b) General nature business, or establis which employed or BIRTHPLACE (State or country)	of industry	Va	lls	Secondary (Signed)	M. M. d	yrsmo	
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particular kind of (b) General nature business, or establis which employed or BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or count 12 MAIDEN NAM OF MOTHER 13 BIRTHPLACE OF MOTHER (State or count 14 THE ABOVE IS TRI	of industry shment in (employer) It of Plant b Try) Plant Pl	Marie But	OGE I	Secondary Signed) *State the Violent Causes Accidental, Suic B LENGTH OF ients or Recen At place of death yrs Where was disease f not at place of ormer or isual residence 9 PLACE OF BU	92. (Address) Discase Causing state (1) Means idal or Homicidal. RESIDENCE (For t Residents)	Death, or, in death of Injury and (2)	-
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(Approved by U. S. Census and American Public Health Association.)

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Statement of Cause of Death—Name, first, the pictorime and causation), using always the same accepted term for the same disease. Example: spinal meningitis"); Dinhtheria avoid use of "Coup");
Typhoid fever never report "Typhoid Pneumonia");
Lobar pneumonia, Branchopneumonia ("Pneumonia,"); to time and causation), using always the same accepted term for the same disease. Examples: Cerebrosphall fever (the only definite synonym is "Epidemic cerebrosphal meningitis"): Diabhharia accidents

stated unless important. Example: Measles (disease as fracture of skull, and consequences (e.g., sepsis, tetauus) may be stated under the head of "contributory". corbolic acid-probably stucide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL scplicacmia," "PUERPERAL perilonilis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., whon a definite disease "Inanition, "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be Whooping use of "Tumor" for malignant neoplasms); Measles; inges, perdonacum, etc., unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on Nomenclature of the Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-Recommendations on statement of cause of "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condiinterstitial nephritis, . (name origin; "Cancer" is less definite; avoid resulting from childbirth or miscarriage as cough; (hronic " "Marasmus," "Old Age, " "Shock," Carcinonu, Sarcoma, etc., of valendar heort disease etc. The contributory death

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PLACE OF DEATH County Sarrett	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City (Farm) (No	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIEO, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Oct / 192 8 (Month) (Day) (Year)
May 2/ , 1845 (Mopth) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1928. to Sept 1, 1928, that I last saw h alive on Sept 1, 192
7 AGE Source Comparison of the particular kind of work Comparison of the particular kind of th	and that death occurred on the date stated above, at
(b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Durstion) yrs. mos. ds. Contributory Secondary
10 NAME OF FATHER Journal Translation 11 BIRTHPLACE OF FATHER (State or country)	(Signed). (Signed). (Signed). (Signed). (Signed). (Address). (Address). (Address). (Address). (Address). (Signed). (State the Disease Causing Death, or, in deaths from
(State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country)	At place of death yrs ds. State yrs ds. Where was disease contracted,
(Informant) Tilliam Tampler	if not at place of death?
(Address) (Fishting Ind	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS
Filed //3 192 8 C.P. Nacker	Thinter bug Grantsville Mid
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Respessing V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupations er," etc., without more precise specification as *Doy laborer*, *Farm laborer*, *Loborer—Coal minc*, etc. Women at home, who are engaged in the duties of the Spinner, (b) Colton mill; (a) Salesmon. (b) should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationory fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, House-Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, nature of the business or industry, and therefore an whatever, write None. or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, worked on may form part of the second statement business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhou ehold only (not paid Housekeepers who receive a For many occupations a single word or term on (b) Automobile factory. The material Grocery;

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobor pneumonia, Bronchopneumonia ("Pneumonia,"

(Recommendations on statement of cause of death approved by Committee on Nomenclature stated unless important. Example: Measles (disease (name origin; "Cancer" is less definite; avoid tetanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," causing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); American Medical Association.) as fracture of skull, and consequences (e. g., sepsis, corbolic acid-probably suicide. The n-ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injuny State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by roilway train-"Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., of Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic valvular heart diseose; etc. The contributory Measles ;

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RECORD NLY, WITH UNFADING INK--THIS IS A PERMANEN MARGIN RESERVED FOR BINDING WRITE P

ac	PLACE OF DEATH	STATE OF MARYLAND
Ä	County are 04243	CERTIFICATE OF DEATH
ed.		Registration Dist. No. / 66
operly classificerte.	Village or City HANDNO. 1489	St.: Ward) (If death occurred in a hospital or institution, give its NAME ir-
rly o	2FULL NAME JUSSE HUMEN	stead of street and number.)
opel	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ay be pr back of	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED MUDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
0 T	6 DATE OF BIRTH AN 1841	17 I HEREBY CERTIFY, That I attended the deceased from
유유	7 AGE (Month) (Day) (Year)	that I last saw h alive on , 192 ,
rms so that	17 yrs. 3 mos. 8 ds. or min.?	and that death occurred on the date stated above, at
See	occupation (a) Trade, profession or particular kind of work	Cambone Eucleven
pla nnt.	(b) General nature of industry business, or establishment in	(Duration) yrs. / mos. Ø ds.
EATH in pla	Owhich employed or (employer)	Contributory
ATH	9 BIRTHPLACE (State or country)	Secondary (Duration yes, mos, ds,
F D	10 NAME OF Jeo Thimes	(Signed) M. D.
CAUSE O	of FATHER State or country one year to Pa	*State the Disease Causing Death, or, In deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
00	& Stala lingmen	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients of Recent Residents)
star	13 BIRTHPLACE OF MOTHER (State or country) (State or country)	At place of deathyrsmosds, Stateyrsmosde,
of o	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
sho nent o	(Informant) reborn Wegger	Former or usual residence 19-PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
CIANS sho statement	(Address) ONTHAL	Showwille Md Apr. 78. 1028
0 8	15 (Eiloge 27 1928) Illia Kowan Registrar	MoRy Bolden DATTHANK
	If more blanke are needed, address State Registrar	, 16 W. Saratogh St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Houseer," etc., without where record mine, etc. laborer, Farm laborer, Laborer—Coal mine, etc. nature of the business or industry, and therefore an Physician, the first line will be sufficient, e.g., Farmer or Planter, or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. report specifically the occupations of persons enengineer, Stationary fireman, etc. For many occupations a single word or term on yrs). without more precise specification as Day Compositor, Architect, For persons who have no occupation Locomotive engineer, But in many Wom-

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> approved by Committee on Nomenclature of the tetanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," stated unless important Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, diseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. :hopneumonia (secondary), use of "Tumor" for malignant neoplasms); American Medical Association.) Examples: Accidental drowning; Struck by railway traincan be ascertained as the cause. (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJURY Chronic ctc. The contributory valvular heart Always qualify all Measles; disease,

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A D 1928 CELVI

(Year)....

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Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia," Lobor pneumonia, Branchopneumonia ("Pneumonia,"

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JUL 6 1928

BURBAU V. S.

If this certificate is looked over thoroughly and al qu stions

PLACE OF DEATH	STATE OF MARYLAND
County Sandy	CERTIFICATE OF DEATH
County Ourse	172
11 -4	Registration Dist. No.
Village or City dellasselle (No.	St.; Ward) (If death occurred in
Things of Oity 7	a hospital or institu- tion, give its NAME in-
2 FILL NAME Hilliam Curti	stend of street and
2 FULL NAME Trilliam (Mile	M Hulacel number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, Lungle	16 DATE OF DEATH
Chale Chlif WIDOWED.	Gept 9 192 8
OR DIVORCED	(Month) (Day) (Year)
(Write the word)	17 I HEREBY CERTIFY, That I attended the deceased from
6 DATE OF BIRTH	Sept 5 192 to Sept 5 , 1920.
May 99 ,996	that I last saw h malive on sent 9 199
(Month) (Day) (Year)	
7 AGE	and that death occurred on the date stated above, at
O O Idayhrs.	The CAUSE OF DEATH & was as follows
	Entero- toliko
8 OCCUPATION	
(a) Trade, profession or particular kind of work	
(b) General nature of industry	
business, or establishment in	(Duration) yrs. mos. de.
which employed or (employer)	Contributory Heart factore
9 BIRTHPLACE (State or country)	Secondary
- ma	Duration) yrs. mos. de.
10 NAME OF Thomas Co Whitall	(Signed) /hos (& Critten den) M.D.
	sole. a skit mile sul
2 11 BIRTHPLACE Witspunder OF FATHER (State or country) 12 MAIDEN NAME Z	(Address)
(State or country)	*State the Disease Causing Dorth, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether
of Mother Hang & Harry	Accidental, Suicidal or Homicidal.
a or morner courted &	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
13 BIRTHPLACE Wilymouther	lents, or Recent Residents) At place In the
OF MOTHER (State or country)	At place of death yrs. mos,da. In the State,yrsmosda.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Thomas Es Hhilace	Former or usual residence
117. 11. 029	19 PLACE OF BURIAL OR REMOVAL C.ATE OF BURIAL
(Address) / Augustille 71101	Vilingerallacelle Sebil 21
15 (111) 5/	1920
Filed 7 10 197 8 6 6	20 UNDERTAKER OA ADDRESS
1 Goldming legistrar	Ollia Alphallee Bhanne WVa
If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Womer," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of whatever, write None. tired 6 yrs.). business, that fact may be indicated thus: Farmer (restate occupation at beginning of illness. If retired from Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. (a) Foreman, (b) Automobile factory. should be used only when needed. As examples: (a) cases, especially in industrial employments, it is neces-Civil engineer, Stationary fremen, etc. But in many Statement of Occupation-Precise statement of oc-For many occupations a single word or term on or At Home, and children, not gainfully em-For persons who have no occupation The material

Statement of Cause of Death—Name, first, the pustrase causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

Nomenclature of the American Medical Association.) quences (e. g., sepsis, tetanus) may be stated under the ture of the injury, as fracture of skull, and cousement of cause of death approved by Committee on symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia," "Anaemia" (merely ary), 10 ds. Never report mere symptoms or terminal causing death), 29 ds.; Bronchopneumonia stated unless important. Example: Mcasles Chronic interstitial nephritis, etc. The contributory use of "Tumor" for malignant neoplasms); Mcusles;(name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, menhead of "contributory." (R commendations on statetrain-accident; Revolver wound of head-homicide; Examples: Accidental drowning; Struck by railrow as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF diseases resulting from childbirth or miscarriage as can be ascertained :: : b cause. Always qualify all rhage," "Inanition" "Marasmus," "Old Age." "Shock," "Dropsy," "Exhaustion." "Heart failure." "Haemorvulsions," Whooping cough; Chronic valvular heart discase; taken. For VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"Puerperal septicaemic." "Puerperal peritonitis," "Uraemia," "Weakings" (secondary or intercurrent) affection need not be Poisoned by carbolic acid-probably suicide. The na-"Debility" ("Congenital," "Senlle," etc.), etc., when a definite disease (second-(disease

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

No. 1 ". ož

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Exact

PLACE OF DEATH County Yauna	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 6
Village or City Oarland mil (No.	St.: Ward) (If death occurred in a hospitul or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH
6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the decensed from 1928, to 3/ , 1928, that I last saw handlive on 1928,
7 AGE If LESS than I dayhrs. ormin.?	and that death occurred on the date stated above, at V.O.S. A.m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yre. mos. / S.ds.
9 BIRTHPLACE (State or country) 10 NAME OF	Contributory Secondary (Duration) yrs
FATHER COARD, Thomas Walson II BIRTHPLACE OF FATHER (State or country) IZ MAIDEN NAME To have a supplied to the supplied to	*State the lisease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of Mother Gera Se Line 13 BIRTHPLACE OF MOTHER (State or Country) OF MOTHER (State or Country)	At place of death yrs. mos. ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of dea.h?
(Address) Oar end mal	19 PLACE OF BURIAL OR REMOVAL Outenate The State of Burial Outen
Filed De 3 192 Julia Jowan Registras 16 mars Capta va peeded addres State Kegistras	ADDRESS Bakken Conclusion Conclusion 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) fulness of various pursuits can be known. The ques-Spinner, (b) Colton mill; (a) Salesman. (b) Grocery; (a) Foreman, (b) Automobile factory. The material nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter cupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from g: ged in domestic service for wages, as Scrvant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer-Coal mine, etc. Wom-en at home, who are engaged in the duties of the additional line is provided for the latter statement; it tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, report specifically the occupations of persons enor At Home, For many occupations a especially in industrial employments, it is neceswithout more precise specification as and children, not gainfully emsingle word or term on Locomotive engineer, Wom-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

"Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid telanus) may be stated under the head of "contributory." diseases resulting from ehildbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Ezhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, stated unless important. approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For VIOLENT DEATHS State MEANS OF INJURY State eause for which surgical operation was underean be ascertained as the cause. Always qualify all ". Uraemia, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-"" "Weakness," etc., when a definite disease cough; Chronic Example: Measles (disease etc. The contributory affection need valvular heart Nomenclature not be disease;

If this certificate is looked over thoroughly and all qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be solutioned before the certificate is permanently filed.

County	E OF DEATH Larrett	eville (No	
2F	ULL NAME	Irll	iom	With
PERSO	PERSONAL AND STATISTICAL PARTICULARS			LARS
Male	4 COLOR OR	MAR	RIED, OWED, DIVORCED e the word)	Sufert
6 DATE OF B	IRTH NA	1	· '3	1926
		(Month)	(Day)	(Year)
	born yes.	mos.	d.	1 day hrs.
(b) General business, or	or of the state of	У	7	
(a) Trade, particular k (b) General business, or	nature of industrestablishment in oyed or (employer	У	- -	
(a) Trade, particular k (b) General business, or which employ BIRTHPLAC (State or case) 10 NAME FATHE FATHE (State or G. State or G. Stat	or ind of work ind of work nature of industr establishment in oyed or (employer Ecountry) OF HER or country) N NAME THER OLACE THER)	ilse ud tock	uuu

STATE	OF N	ARY	LAN	D
CERTIFIC	CATE	OF		TH

(If death occurred in a hospital or institu-

Registration Dist. No.

.....Ward)

NAME Irlliam Contra	tion, give its NAME in- stead of street and number.)
L AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED	16 DATE OF DEATH NOV 134, 1928
Nov 13 1926	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 1925 to Nov 1366 , 1925
(Month) (Day) (Year)	and that death occurred on the date stated above, atm.
yrsmosds. ormin.?	Printer detachement of Placents
ession or of work are of industry blishment in or (employer)	(Duration) yrs. mos ds.
Theolon, A. Hilsen	(Signed) 1928 (Address) Psindoviels mg
Juntry) Maryland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
blara, E. Hockman	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
maryland maryland	At place of death
TRUE TO THE BEST OF MY KNOWLEDGE	il not at place of death?
a) Frendeville mol	Trundwille Cembery nov. 14: 1928
13=192 8 Jasper Luciel Registrar	Mr. C. Fraze Frundwille
If more blanks are needed, address State Registrar	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

N. B.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). state occupation at beginning of illness. If retired from fulness of various pursuits can be known. whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative healthto report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of oc-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day Compositor, Architect, Locomotive engineer, For persons who have no occupation (b) Automobile factory. The material As examples: (a) (6) The ques-Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

telanus) may be stated under the head of "contributory." accident; Revolver wound of head-homicide; Poisoned by American Medical Association.) approved by Committee on Nomendature (Recommendations on statement of cause of death as fracture of skull, and consequences (c. g., sepsis, carbolic acid-probably suicide. The n ture of the injury, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-"PUERPERAL seplicacmia," "PUERPERAL perilonitis," elc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., whon a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; L. stated unless important Example: Measles (disease (secondary or intercurrent) use of "Tumor" for malignant neoplasms); Measles, unqualified, is indefinite); Tuberculosis of lungs, men-Chronic interstitial nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condi-Chronic chopneumonia (secondary), etc. The contributory affection need valvular heart disease, not be

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DEC (

-Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD IINLY, WITH UNFADING INK--THIS IS A PERMANEN MARGIN RESERVED FOR BINDING WRITE

PLACE OF DEATH County Janet	12242 STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 17
Village or City Bittinger (No	St: Ward) (If death occurred In a hospital or Institution, give Its NAME irstend of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH (Nov. 5, 1925) (Month) (Day) (Year)
(Month) (Day) (Year)	that I last saw have alive on April 2, 1928,
7 AGE If LESS than I day hrs. or min.?	and that death occurred on the date stated above, atm. The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work	(. Pryseesdelly
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) Z yrs. mos ds.
9 BIRTHPLACE (State or country) Bond, Md	Contributory Secondary Secondary Duration Justine
10 NAME OF Sewige Will	(Signed) M. D.
OF FATHER (State or country) Mayland	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
of MOTHER Tina Will	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) Mayland	At place of death yrs mos ds. State yrs mos ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Former or usual residence
(Address) Bablanger, md	Tamely envery not 1. 1988
15 Filed // 6/28 192 . O CM	D.S. Bool Westerport MA
	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1,

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). whatever, write None. state occupation at beginning of illness. If retired from en at home, who are engaged in the should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the tion applies to each and every person, irrespective of cupation is very important, so that the relative healthbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH. Housenwid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salcsman. additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, fulness of various pursuits can be known. The ques-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on Farm laborer, Laborer-Coal mine, etc. Womwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The Stationary fireman, etc. Locomotive engineer, duties of the But in many (b) Grocery; material

Streement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> tetanus) may be stated under the head of "contributory." use of "Tumor" for malignant neoplasms); Measles, approved by Committee on Nomenclature of the diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Shock," "Old Age," "Shock," stated unless important. Example: Measles (disease American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify ali tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Whooping cough; unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, perilonaeum, etc., Carcinoma, Never report mere symptoms or terminal condi-(name origin; "Cancer" is less definite; avoid Chronic etc. valvular heart disease; The Sarcoma, etc., of contributory

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	PLACE OF DEATH County	STATE OF MARYLAND CERTIFICATE OF DEATH
		Registration Dist. No.
mcare.	Village or City Wanton No. / 2FULL NAME Universition	St.: Ward) (If death occurred is a hospital or institution, give its NAME instead of street and number.)
cert	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ack or	3 SEX 4 COLORTOR RACE 5 SINGLE, MARRIED WIDOWED WIDOWED (Write the word)	16 DATE OF DEATH (North) (Day) (Year)
ons on E	6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 1925 to 1925, that I last saw h alive on 1925,
Instruction	7 AGE If LESS than day hrs. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
See	8 OCCUPATION (a) Trade, profession or particular kind of work	Mone hopers
ortant.	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) 5 year mos de.
ry Impor	9 BIRTHPLACE (State or country) and and 10 NAME OF	Secondary Duration yrs. mos. ds.
is ver	M 11 BIRTHPLACE OF FATHER OF FATHER	(Signed) M. D. 1929 (Address) Marting Country Death, or, in deaths from
2	Z (State or country) / argund 12 Malben Name OF MOTHER W	State the l'israse Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-
	3 BIRTHPLACE OF MOTHER (State or Country)	ionts or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
וון מו	(Informant) Hours Milly	Former or usual residence
relien	(Address) Dwapton md	19/PLACE OF BURIAL OR REMOVAL DATE OF BURIAL July 6, 19 18
90	Filed aug-6- 1928 allie M Whitey	Mory Jolden Cakeland
	If more banks are needed, address ttate Registrat	, 16 W. Saratoga St. Walto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The queslaborer, should be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever. write Nonc. tired 6 business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, g ged in domestic service for wages, as Serumt, Cook, Housemaid, etc. If the occupation has been changed work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., without more precise specification as Day worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Physician, Compositor, Architect, tion applies to each and every person, irrespective of to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a first line will be sufficient, e. g., Farmer or Planter, Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborer-Coal mine, etc. Wom-Stationary fireman, etc. But in many Locomotive engineer, Grocery;

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilleria (avoid use of "Crup"); Spinal meningitis"); Diphilleria (avoid Pneumonia"); Lobar proumonia, Bronchopneumonia ("Pneumonia,")

diseases resulting from childbirth or miscarriage as "PUERPERAL septicaenta," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite discase "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is loss definite; avoid unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on tctanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. For violent deaths state means of injury State cause for which surgical operation was under-(secondary Whooping cough; as fracture of skull, and consequences (c. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) (Recommendations on statement of cause of death "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic Example: Measles (disease etc. The contributory valvular heart disease; Nomenclature of the

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B.--Every item of information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD NLY, WITH UNFADING INK--THIS IS A PERMANEN WRITE H ż

MARGIN RESERVED FOR BINDING

PLACE OF DEATH County	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. / 10 St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jale 4 COLOR OF RACE 5 SINGLE, MARRIED, WIDOWED Length OR DIVORCED (Write the word)	16 DATE OF DEATH Dec 24, 1928- (Month) (Day) (Year)
6 DATE OF BIRTH (Month) (Day) (Year)	that I last saw halive on the 2 4, 1920,
7 AGE Very mos. 25 ds. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
(a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in	R. Lielo
which employed or (employer) BIRTHPLACE (State or country)	Contributory Secondary Turstion Tyrs
10 NAME OF FATHER Mauras O Will 11 BIRTHPLACE OF FATHER	(Signed). M. D. 192 (Address) Manufacture *State the Disrase Causing Death, or, in deaths from
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER Jucinda Braadwale	*State the Discase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transionts or Recent Residents)
13 BIRTHPLACE OF MOTHER (State or Country) A THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death
(Informant) True TO THE BEST OF MY KNOWLEDGE	Former or usual residence DATE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) De cauteville	launds Semetre AC26, 1928 207UN DERTAKER TO ADDRESS
Filed A) LE L 6 192 8 Me / 5 / G/1000 Registras	, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., war laborer, laborer, tired 6 yrs). state occupation at beginning of illness. If retired from should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every person, irrespective of fulness of various pursuits can be known. Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (regaged in domestic service for wages, as Servant, Cook, ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully emdefinite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement Spinner, nature of the husiness or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, cupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons en-Foreman, For many occupations a (b) Colton mill; (a) Salesman. without more precise specification as Day For persons who have no occupation (b) Automobile factory. The material Laborer-Coal mine, etc. Womsingle word or term on (b) The ques-Grocery;

EAST (NUMB DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,");

as fracture of skull, and consequences (e.g., sepsis, telanus) may be stated under the head of "contributory." diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. atic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Ezhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," stated unless important. Example: Measles (disease inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature carbolic acid-probably suicide. The n.ture of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS State MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. Always qualify al tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Whooping use of "Tumor" for malignant neoplasms); unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, Never report mere symptoms or terminal condi-. (name origin; "Cancer" is less definite; avoid cough; Chronic etc. valvular heart The contributory Measles; disease;

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BUE

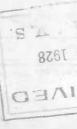
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Registrar

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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-Ward) tion, give its NAME innumber.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH S SINGLE. 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED BINDING WIDOWED (Write the word) HEREBY CERTIPY, That I attended the deceased from (Day) 7 AGE and that death occurred on the date stated abov or min.? ESERVE (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) Contributory MARGIN 9 BIRTHPLACE Secondary (State or country) OG 10 NAME OF FATHER (Address) 11 BIRTHPLACE *State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and Accidental, Suicidal or Homicidal. OF FATHER WZ deaths from (State or country) (2) Whether OIL 12 MAIDEN NAME œ O LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER should state ients or Recent Residents) 13 BIRTHPLACE In the At place OF MOTHER of deathyrsmosds. (State or Country) Where was disesse contracted, if not at place of dea.h? 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Every item CIANS sho statement ususi residence DATE OF BURIAL ADDRESS 20 UNDERTAKE! Filed Registra If more blanks are needed, addre.s Ltate Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

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